

Name _____

Child Care Center and County _____



**Application for Child Development Associate (CDA) Plus Course
Episcopal Children's Services Regional Training Institute
8649 Baypine Road. Jacksonville, FL 32256**

Congratulations on your commitment to pursue your CDA! Please fill out this application completely. The application must be received 3 weeks prior to start date and cannot be processed unless **all** items are submitted.

Please Attach the Following Items to This Application:

For faster processing, please include all of the following items. Check off each item as you attach it to the application:

- Department of Children and Families (DCF) Child Care Training Certificate showing proof of completion of 40 hours + 5 hour literacy.
- Copy of High School Diploma or GED or official high school transcript with graduation date

Note: Candidate must be able to read and write English well enough to fulfill the responsibilities of a CDA-Plus candidate.

Email or mail completed application and required documents to:

Daneshia Davis

8649 Baypine Road

#300

Jacksonville FL 32256

ddavis@ecs4kids.org

For questions, contact:

Daneshia Davis at (904) 536-2119 or ddavis@ecs4kids.org

Applicant Information:

Please indicate which CDA class preference

- Saturday (every other week) 9:00AM- 5:00PM
- Tuesday/Thursday (weekly) 6:30PM- 8:30PM
- Online (Self-Paced)
- Summer Fast Track
- Mentorship Program (Candidates must have a minimum of 10 hours for each of the 8 Subject Areas required by The Council for Professional Recognition. Attach certificates)
- Renewal (attach proof of training hours, membership and current First Aid and CPR card)

Credential Type:

- Infant/ Toddler
- Preschool
- Family Child Care

Name: _____

Home Mailing Address: _____

Street and Number

City State Zip Code

Home Phone _____ Other Phone _____

E-mail Address (required) _____

Date of Birth _____

Current Employer (Center Name) _____

Name of Director _____

Your Current Position Title _____ Age Group: _____

Work Address _____

Street and Number

City State Zip Code

Work Phone _____

Director Agreement

I attest that the above mentioned CDA Candidate has worked a minimum of 480 hours with the age group of children appropriate for the CDA Credential type in which they are seeking. I also understand the above-mentioned candidate will have to complete two additional online applications to complete this process. An online application for the TEACH Scholarship program at www.teach-fl.org in order to cover the \$425 application fee issued by the Council for Professional Recognition and The National CDA Application to be completed at www.cdacouncil.org and that I am required to complete this application with the candidate.

I also understand the candidate is required to submit a copy of their TEACH "Application Agreement" at the onset of class and a copy of the CDA Certificate once the CDA has been awarded to their CDA Instructor.

Director's Signature

Date

Candidate Agreement

I _____ agree the information given is true; if any changes occur, I will immediately notify all personnel and provide the correct information and/or documentation. By signing below, I understand that I am required to complete a T.E.A.C.H Scholarship Application at www.teach-fl.org to cover the cost of The Council for Professional Recognition's Application Fee of \$425 and that by applying; I am required to meet their expectations which may be separate from Episcopal Children's Services qualification requirements. In addition, I am making the commitment to submit a copy of the TEACH, "Application Agreement" to my CDA Instructor in order to receive a Competency Standards Guide from ECS. I also realize I am making the commitment to complete the entire CDA Initial application at www.cdacouncil.org and credentialing process by attending classes, building a Professional Portfolio, and completing a CDA Exam and Observation to the best of my ability. Finally, I agree to provide my CDA Instructor with a copy of my CDA Certificate if awarded. I understand I must download Microsoft Teams using the link provided in the ECS CDA Flyer to participate in virtual training with my instructor.

Applicant Signature

Date