

For CDTC Use Only #

Child Development Training Consortium (CDTC) 2010-2011 Participant Profile

College: _____

Return to: _____ Due Date: _____

All spaces on this form **MUST** be completed or the form **WILL BE RETURNED**. Please **PRINT** in blue or black ink or **TYPE**.

A. Student Enrollment Information: (Student must complete this section)

Social Security Number: (Last six digits of SS# are REQUIRED) xxx- ____ - ____

Student ID Number: _____ Email Address: (Optional) _____

Student Name: (First) _____ (M.I.) ____ (Last) _____

Mailing Address: _____ City: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Is this your first application to the Child Development Training Consortium? ____ Yes ____ No ____ Not Sure

Gender: ____ Male ____ Female

1. Ethnic Background: ____ African-American ____ American-Indian or Alaskan Native ____ Asian or Pacific Islander ____ Caucasian
____ Hispanic ____ Multi-racial ____ Decline to answer ____ Other: (Specify) _____

2. Which Child Development Permit do you currently hold? (Check one)

____ None ____ Assistant ____ Associate Teacher ____ Teacher ____ Master Teacher ____ Site Supervisor
____ Program Director ____ Children's Center Instructional ____ Children's Center Supervisory ____ Other: (Specify) _____

3. Which Child Development Permit will you apply for next? (Check one)

____ Renew current permit ____ Assistant ____ Associate Teacher ____ Teacher
____ Master Teacher ____ Site Supervisor ____ Program Director

4. Current Position: (Check all that apply)

____ Family Child Care ____ Assistant/Aide ____ Associate Teacher ____ Teacher
____ Master/Head Teacher ____ Site Supervisor ____ Program Director ____ Substitute
____ Other: (Specify) _____

5. Long-Term Goal: (Check all that apply)

____ Assistant ____ Associate Teacher ____ Teacher ____ Master Teacher
____ Site Supervisor ____ Program Director ____ Family Child Care ____ Elementary Education
____ Own a Center ____ Other: (Specify) _____

6. Indicate the ages of children you work with: (Check all that apply)

____ Infant-toddler (Birth to 3 years) ____ Preschool (3 to 6 years)
____ School-age (Kindergarten, before/after school or off-track care only)

7. Have you attended another community college this year? ____ Yes ____ No

If yes, write the full name: _____

B. Current Enrollment Information: Do not list PE or general work experience classes. Child Development work experience may be listed.

Check current semester/term:	Summer '10	Fall '10	Winter '11	Spring '11	
<i>Department/Course Number/Course Title</i>			<i>Section #</i>	<i>Instructor</i>	<i>No. of Units</i>
1.					
2.					
3.					
4.					
5.					
Total Units =					

Student Name: (First) _____ (M.I.) _____ (Last) _____

College: _____

B. Current Enrollment Information Cont. (Student must complete and sign this section)

Who pays for your tuition? (Check all that apply)

Self Parents BOG Employer Scholarship Other: (Specify) _____

Who pays for your books? (Check all that apply)

Self Parents BOG Employer Scholarship Other: (Specify) _____

I authorize the college to send my grades to the CDTC and I certify that all information provided is true and correct:

X _____ Date: _____

Student Signature

C. Employer or Self Employment Information: Do not use any abbreviations or acronyms.

(Director/Site Supervisor/Provider must complete all items below and sign this section)

Name of Employing Agency: _____ County: _____

Employing Agency Address: _____ City: _____ Zip Code: _____

Center Name: (If different from above) _____

Classroom/Group Type: Infant/Toddler Preschool School-Age

Facility License Number: _____ Note: Only student applicants who own a licensed family childcare are required to attach a copy of their current DDS license.

OR

License exemption: (Check only one)

On School Site Parents On Site/Co-op Military Parks and Recreation
 Tribal Employment Agency Home Base Before/After School Program
 Adult Ed./Child Care

Program Funding Received: (Check all that apply)

City/Municipal Parent Fees Head Start CA Dept of Education, Child Development Division (CDE/CDD) direct-funded
 CDE/CDD Alternative Payment Voucher Other: (Specify) _____

Agency/Center Type: (Check only one)

Public Private Non-Profit Private-for-Profit Licensed Family Child Care

Name and Title of Person Verifying Employment: _____

(Print Name)

(Print Title)

I certify that the student named above is employed by this agency:

X _____ Phone: _____ Date: _____

Employer Signature (Student may not sign on application unless he/she is a family child care provider)

D. Campus Coordinator Certification Section: (Coordinator must complete and sign this section)

~ For Coordinator Use Only. Original profile must be submitted to CDTC ~

I certify this student is eligible for CDTC services and has been enrolled according to CDE/CDD priorities:

Priority #: (If applicable) _____ Date Received: _____

Coordinator Approval: (Required for CDTC processing)

X _____ Date: _____

Coordinator Signature