

To All Students enrolled in the Child Development courses:

We are in partnership with the Child Development Training Consortium program. This program provides the opportunity for you to be reimbursed for tuition and or books. If you are receiving assistance through a grant, you may still qualify for book reimbursement. Please download the CDTC profile - complete the paperwork and mail to Nance Nunes-Gill at 2700 Barstow Rd., Barstow, CA. 92311. The criteria for payment include but may not be limited to the following: students must be actively seeking a new or maintaining a currently held Child Development Permit, students have to be currently employed by a child care/development program including licensed family child care and out-of-school care within California, and pass the course with a "C" or better. Due to limited funding payment will take place on a first come first serve basis. A list will begin as the information is received identifying the student and the date the information was received.

If you have any questions please contact me.

Nance Nunes-Gill
Child Development Department
Barstow Community College
(760) 252-2411 x 7234
nnunes@barstow.edu

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