

## 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. Because we are starting our program mid year we have been allowed to have students identify any courses they took last semester and award them accordingly.

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](mailto:nnunes@barstow.edu)

For CDTC Use Only #

# Child Development Training Consortium (CDTC) 2009-2010 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.*

CIRCLE current semester/term: Summer '09 Fall '09 Winter '10 Spring '10

<i>Department / Course Number / Course Title</i>	<i>Section #</i>	<i>Instructor</i>	<i>No. of Units</i>
1.			
2.			
3.			
4.			
5.			
Current Enrollment Information Section Continued on Page 2.			<b>Total Units =</b>

**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:** \_\_\_\_\_

**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 DSS license.

**OR**

**License exemption: (Check only one)**

On School Site  Parents On Site /Co-op  Military  Parks and Recreation  
 Tribal  Employment Agency  Home Based  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 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