

# 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 SureGender:  Male  Female1. 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 |
|--|----------|------------|------------|

| Department / Course Number / Course Title | Section # | Instructor | No. of Units |
|---|-----------|------------|--------------|
| 1.  |           |            |              |
| 2.  |           |            |              |
| 3.  |           |            |              |
| 4.  |           |            |              |
| 5.  |           |            |              |
| <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) \_\_\_\_\_

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