

For CDTC Use Only #

Child Development Training Consortium (CDTC) 2008-2009 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 and sign this section)

Social Security Number: (Last four digits of SS# are REQUIRED) XXX-XX-_____

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
___ Nanny ___ 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 '08 Fall '08 Winter '09 Spring '09

Department / Course Number / Course Title	Section #	Instructor	No. of Units
1.			
2.			
3.			
4.			
5.			
Total Units =			

Current Enrollment Information Section Continued on Page 2.

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

≈ Do not use any abbreviations or acronyms. ≈

Name of Employing Agency: _____ County: _____

Employing Agency Address: _____ City: _____ Zip: _____

Center Name: (If different from above) _____

Facility License Number: _____, if you own a licensed family childcare attach a copy of your 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