

Name _____ Child Care Center and County _____



Guiding Stars of Duval Y/N _____ Validating or Re-Validating Year _____



Application for Child Development Associate (CDA) Plus Course
Episcopal Children's Services Regional Training Institute
8443 Baymeadows Road. Jacksonville, FL 32256

Congratulations on your commitment to pursue your CDA! Please fill out this application completely. The application must be received 3 weeks prior to start date and cannot be processed unless **all** items are submitted.

Please Attach the Following Items to This Application:

For faster processing, please include all of the following items. Check off each item as you attach it to the application:

- Department of Children and Families (DCF) Child Care Training Certificate showing proof of completion of 40 hours + 5 hour literacy.
- Copy of High School Diploma or GED or official high school transcript with graduation date

Note: Candidate must be able to read and write English well enough to fulfill the responsibilities of a CDA-Plus candidate.

Email or mail completed application and required documents to

ddavis@ecs4kids.org

Danesha Davis
8443 Baymeadows Road
#100
Jacksonville FL 32256

For questions, contact:
Danesha Davis at (904) 310-2105 or ddavis@ecs4kids.org

Applicant Information:

Please indicate which CDA class preference

- Saturday (every other week) 9am – 5pm
- Tuesday/Thursday (weekly) 6:30pm – 8:30pm
- On-line (self-paced; one year to complete)
- Summer Fast Track
- Mentorship Program (Candidates must have a minimum of 10 hours for each of the 8 Subject Areas required by The Council for Professional Recognition. Attach certificates)
- Renewal (attach proof of training hours, membership and current First Aid and CPR card)

Credential Type:

- Infant/ Toddler
- Preschool
- Family Child Care

Name: _____

Home Mailing Address: _____
Street and Number

City State Zip Code

Home Phone _____ Other Phone _____

E-mail Address (required) _____

Date of Birth _____

Current Employer (Center Name) _____

Name of Director _____

Your Current Position Title _____ Age Group: _____

Work Address _____
Street and Number

City State Zip Code

Work Phone _____

Director:

I attest that the above mentioned CDA Candidate has worked a minimum of 480 hours with the age group of children appropriate for the CDA Credential type in which they are seeking. I also understand the above mention candidate may have to complete an online application for the TEACH Scholarship program at www.teach-fl.org in order to cover the \$425 application fee issued by the Council for Professional Recognition and that I am required to complete this application with the candidate.

I also understand the candidate is required to submit a copy of the "Application Agreement" to their CDA Instructor in order to receive a Competency Standards Guide at no cost to the candidate.

Director's Signature

Date

Candidate Agreement:

I _____ agree the information given is true; if any changes occur, I will immediately notify all personnel and provide the correct information and/or documentation. By signing below, I understand that I may be required to complete a T.E.A.C.H Scholarship Application at www.teach-fl.org to cover the cost of The Council for Professional Recognition's Application Fee of \$425 and that by applying; I am required to meet their expectations which may be separate from Episcopal Children's Services qualification requirements. In addition, I am making the commitment to submit a copy of the TEACH, "Application Agreement" to my CDA Instructor in order to receive a Competency Standards Guide from ECS. I also realize I am making the commitment to complete the entire CDA credentialing process by attending classes, building a Professional Portfolio, and completing a CDA Exam and Observation to the best of my ability. I understand I must download Microsoft Teams using the link provided in the ECS CDA Flyer to participate in virtual training with my instructor.

Signature of Applicant: _____ Date: _____