

Name \_\_\_\_\_ Child Care Center and County \_\_\_\_\_



Upskill Grant Participant Yes \_\_\_\_\_ No \_\_\_\_\_



**Application for Child Development Associate (CDA) Plus Course  
Episcopal Children's Services Regional Training Institute  
8649 Baypine 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**

**Danesha Davis**

8649 Baypine Road

#300

Jacksonville FL 32256

[ddavis@ecs4kids.org](mailto:ddavis@ecs4kids.org)

**For questions, contact:**

Danesha Davis at (904) 310-2105 or [ddavis@ecs4kids.org](mailto:ddavis@ecs4kids.org)

## Applicant Information:

Please indicate which CDA class preference:

- Saturday (every other week) 9am – 5pm
- Tuesday/Thursday (weekly) 6:30pm – 8:30pm
- Upskill 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/ 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 Agreement:**

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 abovementioned candidate may have to complete an online application for the TEACH Scholarship program at [www.teach-fl.org](http://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](http://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 Initial application at [www.cdacouncil.org](http://www.cdacouncil.org) and 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:** \_\_\_\_\_