



## Child Development Associate Enrollment Form

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Area of Focus for the CDA Process: (Circle One)      Infant-Toddler      Pre-School

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Director's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred CDA Session Date:      **Fall (August 12th)**      **Winter (January 13th)**

### Questionnaire

1. Do you currently work in the childcare field? \_\_\_\_\_
2. How many hours per week do you work? \_\_\_\_\_
3. Do you work with the age child you intend to observe for hours required to complete the CDA process? \_\_\_\_\_
4. Have you applied for or been awarded a CDA in the past? \_\_\_\_\_  
If yes, **Applied** \_\_\_\_\_ Year: \_\_\_\_\_      **Awarded** \_\_\_\_\_ Year: \_\_\_\_\_
5. Do you currently have a valid Pediatric CPR card that will expire more than 1 year from today's date? \_\_\_\_\_
6. Do you have a current Fire Safety certificate? \_\_\_\_\_
7. What is your overall goal for this course: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Statement of Commitment

I understand that to be considered for the CDA program I must

- Complete 120 Hours of coursework to include 12 face to face classes and portfolio support sessions.
- Maintain a position in an early childhood education program at a minimum of 20 hours per week throughout this process.
- Apply to DECAL BFTS for the final credentialing fee of \$425 that is required for the CDA Credential.
- Complete the portfolio and final observation and test requirement within 6 months of certificate completion. .

CDA Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email the completed application to [Info@SummitTrainingSpecialists.com](mailto:Info@SummitTrainingSpecialists.com)