



Child Development Associate Enrollment Form Online

Full Name: _____

Phone Number: _____ Email Address: _____

Emergency Contact Name: _____ Phone: _____

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

Employer Name: _____ Employer Phone: _____

Director's Name: _____ Email Address: _____

Preferred CDA Session Date: **Summer Webinar (July 22nd)** **Online (Self-Paced)**

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 prior to December 31, 2023.

CDA Candidate Signature: _____ Date: _____

Email the completed application to Info@SummitTrainingSpecialists.com