

For CDTC Use Only #

# Child Development Training Consortium (CDTC) 2010-2011 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 this section)

Social Security Number: (Last six digits of SS# are REQUIRED) xxx- \_\_\_\_ - \_\_\_\_

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  
\_\_\_\_ 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.

Check current semester/term:	Summer '10	Fall '10	Winter '11	Spring '11
<i>Department/Course Number/Course Title</i>			<i>Section #</i>	<i>Instructor</i>
				<i>No. of Units</i>
1.				
2.				
3.				
4.				
5.				
<b>Total Units =</b>				

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 or Self Employment Information: Do not use any abbreviations or acronyms.**

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

Name of Employing Agency: \_\_\_\_\_ County: \_\_\_\_\_

Employing Agency Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Center Name: (If different from above) \_\_\_\_\_

Classroom/Group Type:  Infant/Toddler  Preschool  School-Age

Facility License Number: \_\_\_\_\_ Note: Only student applicants who own a licensed family childcare are required to attach a copy of their current DDS license.

OR

**License exemption: (Check only one)**

On School Site  Parents On Site/Co-op  Military  Parks and Recreation  
 Tribal  Employment Agency  Home Base  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 only 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