



## CANDIDATE APPLICATION

### CHILD DEVELOPMENT ASSOCIATE COURSE

Thank you for your interest in the Child Development Associate (CDA) Credential Course facilitated by Child Care Resource Network (CCRN).

#### COURSE INFORMATION

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- This application must be completed in its entirety to be considered for enrollment into the course.
- The application is not considered complete until receipt of the \$50.00 application processing fee.
- The course is 120 credit hours divided into 4 modules; each module is 30 credit hours.
- Classes are typically facilitated at Child Care Resource Network, 1000 Hertel Avenue, Buffalo, NY 14216. Due to the COVID-19 pandemic classes virtually via Zoom until further notice.
- Tuition per Candidate is \$1,800.00 or \$450.00 per module.
- There is \$125.00 books and material fee per Candidate.
- Accepted Candidate is required to attend a mandatory Orientation class.

#### CANDIDATE INFORMATION

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Aspire ID: \_\_\_\_\_

Preferred Pronouns:  She/Her  He/Him  They/Them  Other: \_\_\_\_\_

1. Education level completed (check all that apply).

- GED  College degree
- High school diploma  Associates Major: \_\_\_\_\_
- Some college  Bachelors Major: \_\_\_\_\_
- Masters Major: \_\_\_\_\_

2. Tell us why you want to obtain the CDA Credential.

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3. Have you ever been enrolled in a CDA program?  No  Yes

If yes, what prevented you from completing the course?

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4. How do you plan to pay for this course?

- Check or money order
- Credit Card
- Cash
- Educational Incentive Program (EIP)
- CSEA/VOICE
- Quality Scholars Dollars

5. How do you prefer to learn?

- Visual
- Auditory
- Kinesthetic (Hands On)
- Other: \_\_\_\_\_

\*Please notify your instructor immediately with any special learning accommodations that you may require.

## **PROGRAM INFORMATION**

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Program Name: \_\_\_\_\_ License/Registration #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Site Phone: \_\_\_\_\_

- 1. Is your program currently allowing for in person advisement of observation?  No  Yes
- 2. If no, is the program open to virtual advisement?  No  Yes
- 3. Is there off-street parking available at your site?
  - No, you must park on the street
  - Yes, there is a parking lot
- 4. Select the community that best describes your site location:
  - Rural
  - Suburban
  - Urban

## **CANDIDATE POSITION SPECIFIC INFORMATION**

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- 1. What is your current job title? \_\_\_\_\_
- 2. How long have you worked in this position? \_\_\_\_\_
- 3. What is the age range of the children you work with?
  - Infants & Toddlers (0 - 36 months)
  - Preschoolers (3 - 5 years old)
  - Multi-age (Family / Group Family Child Care / Floating Position)
- 4. Do you supervise staff?  No  Yes  
If yes, number staff supervised: \_\_\_\_\_

## **SUPERVISOR INFORMATION AND SIGNATURE OF SUPPORT**

*This section is to be completed by the Candidate's direct supervisor.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

I approve and support this Candidate taking the Child Development Associate Credentialing Program.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CANDIDATE ATTESTATION**

I have included my \$50.00 application processing fee in the form of check or money order made payable to:  
Child Care Resource Network, 1000 Hertel Avenue, Buffalo, NY 14216

-or-

I have paid my \$50.00 application processing fee in via credit card online.

I understand I am responsible for payment of CDA tuition according to CCRN fiscal policies.

I am available and able to attend classes once per week on either Tuesday, Wednesday, or Thursday from  
6:00 PM - 8:30 PM and on an occasional Saturday morning (if needed) for the full duration of the course.

I certify that all the information provided in this document is accurate and truthful to the best of my knowledge.

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

Please mail application to: Child Care Resource Network  
1000 Hertel Avenue  
Buffalo, NY 14216  
Attention: Education and Training Department

### **FOR OFFICE USE ONLY**

App received: \_\_\_\_\_

Course start date: \_\_\_\_\_

Fee received: \_\_\_\_\_

Instructor's initials: \_\_\_\_\_

Credit card \_\_\_\_\_

Cash / MO / Check \_\_\_\_\_