



NEW YORK STATE SCHOOL-AGE CARE CREDENTIAL PREPARATORY COURSE APPLICATION

Thank you for your interest in the School-Age Care (SAC) Credential Preparatory Course facilitated by Child Care Resource Network (CCRN).

COURSE INFORMATION

- 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.
- Candidate must currently be working with school-age children to be considered for enrollment into the course.
- Priority enrollment given to Candidate whose programs have temporary waivers for director qualifications.
- The course is 72 credit hours divided into 2 parts; each part is 36 credit hours.
- Class meets weekly on Mondays, via Zoom from 9:30am - 12:30pm, unless otherwise noted.
- Tuition per Candidate is \$1,440.00 or \$720.00 per part.
- There is \$50.00 material fee per Candidate.
- Accepted Candidate is required to attend a mandatory Orientation class.

CANDIDATE INFORMATION

First Name: _____ Last Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email: _____ Aspire ID: _____

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 NYS School-Age Credential.

3. Have you ever been enrolled in a SAC Prep program? No Yes
If yes, what prevented you from completing the course?

4. Are you employed outside child care/after-school? No Yes
If yes, what other industry do you work?
-

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

- Check or money order
 Credit Card
 Cash
 Educational Incentive Program (EIP)

PROGRAM INFORMATION

The program name is the legal name the organization and, if applicable, as seen on license/registration.
The site name is the location where you work. The site name may or may not be different from the program name.

Program Name: _____ License/Registration #: _____

Site Name (if different): _____

Site Street Address: _____

City: _____ State: _____ Zip: _____ Site Phone: _____

Affiliate Organization/Sponsoring Agency: _____

1. Is there off-street parking available at your site?

- No
 Yes

2. Select the schedule that best describes when your program operates:

- School year only
 Year-round
 Summer only

3. Select the community that best describes your site location:

- Rural
 Suburban
 Urban

4. Meals and/or snacks are provided by:

- CACFP
 The School District
 The Program
 Parents

5. Select the how your program is funded:

a PRIVATE organization funded by:

- Parents fees & subsidies
 Grants
 Other: _____

- OR -

a PUBLIC organization funded by:

- Parents fees & subsidies
 Grants
 Other: _____

6. Select special funding your program receives (*check all that apply*):

- 21st Century
- Advantage Afterschool
- Out of School Time (OST)
- Other: _____
- NA Program does not receive any special funding.

7. Select the option that best describes where your site program is based:

<input type="checkbox"/> A SCHOOL Site has access to (<i>check all that apply</i>): <ul style="list-style-type: none"> <input type="checkbox"/> Cafeteria <input type="checkbox"/> Gym <input type="checkbox"/> Outdoor play area/playing fields <input type="checkbox"/> Kitchen (staff only) <input type="checkbox"/> Kitchen (for children, OCFS approved on floor plan) <input type="checkbox"/> Classrooms <input type="checkbox"/> Other: _____ 	<input type="checkbox"/> A CHILD CARE CENTER Site has access to (<i>check all that apply</i>): <ul style="list-style-type: none"> <input type="checkbox"/> Indoor gross motor space <input type="checkbox"/> Outdoor gross motor space <input type="checkbox"/> Kitchen (staff only) <input type="checkbox"/> Kitchen (for children, OCFS approved on floor plan) <input type="checkbox"/> Dedicated classroom for School-Age <input type="checkbox"/> Shared classroom space. Space is shared with: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> A COMMUNITY CENTER Site has access to (<i>check all that apply</i>): <ul style="list-style-type: none"> <input type="checkbox"/> Indoor gross motor space <input type="checkbox"/> Outdoor gross motor space <input type="checkbox"/> Kitchen (staff only) <input type="checkbox"/> Kitchen (for children, OCFS approved on floor plan) <input type="checkbox"/> Dedicated classroom for School-Age <input type="checkbox"/> Shared classroom space. Space is shared with: _____ <input type="checkbox"/> Other: _____ 	<input type="checkbox"/> ANOTHER TYPE OF SETTING Site has access to (<i>check all that apply</i>): <ul style="list-style-type: none"> <input type="checkbox"/> Indoor gross motor space <input type="checkbox"/> Outdoor gross motor space <input type="checkbox"/> Kitchen (staff only) <input type="checkbox"/> Kitchen (for children, OCFS approved on floor plan) <input type="checkbox"/> Dedicated classroom for School-Age <input type="checkbox"/> Shared classroom space. Space is shared with: _____ <input type="checkbox"/> Other: _____

8. Are there conditions that interfere with safe, daily, outdoor play? No Yes

If yes, please describe: _____

CANDIDATE POSITION SPECIFIC INFORMATION

1. What is your current job title? _____

2. How long have you worked in this position? _____

3. Do you work directly with children? No Yes

If yes, number of children: _____ age range of children: _____

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 School-Age Credential Preparatory 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 certify that all the information provided in this document is accurate and truthful to the best of my knowledge.

Candidate Signature: _____ Date: _____

FOR OFFICE USE ONLY

App received: _____

Course start date: _____

Fee received: _____

Instructor's initials: _____

Credit card _____

Cash / MO / Check _____