

For CDTC Use Only #

Child Development Training Consortium (CDTC) 2011-2012 Student 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**.

If completing this form electronically use the tab feature to enter data

A. Student Enrollment Information: (Student must complete this section)

Birthdate: ____ / ____ / ____ (mm/dd/yyyy)

Social Security No: (Last five digits of SS# are REQUIRED) X X X - X ____ - ____

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

1. Which Child Development Permit will you apply for next? (Check one)

- Renew current permit Assistant Associate Teacher Teacher
 Master Teacher Site Supervisor Program Director

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 '11	Fall '11	Winter '12	Spring '12
<i>Department/Course Number/Course Title</i>				
<i>Section #</i>				
<i>Instructor</i>				
<i>No. of Units</i>				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
			Total Units =	

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 _____

Student Signature

Date: _____

Student Name: (First) _____ (M.I.) ____ (Last) _____

College: _____

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: _____

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