

The Child Care Director's Credential Training Program 2004-2005 Participant Registration Form

Check all that apply:

Owner Director Designee Director Teacher/Caregiver Assistant Director
 Other: specify _____ For Directors: How many years have you been in the director's position? _____

Name of Applicant: _____

Home Mailing Address: _____
Street or P. O. Box

_____ *City* *County* *State* *Zip*

Date of Birth: _____ Sex: _____ Race: _____ Home Phone: _____ Cell Phone: _____

Center Name: _____ Date of Employment: _____

Center Mailing Address: _____
Street or P.O. Box

_____ *City* *County* *State* *Zip*

Center Phone No: _____ Fax No: _____ Email: _____

Type of Center: Church Sponsored Privately Owned Franchise/Chain Head Start
 Corporate Sponsored Service Organized School District
 Other: _____

Is your center? For-profit Not-for-profit

What is the predominant socio-economic background of the families you serve? High Middle Low

Does your center accept children with child care certificates? Yes No

What is your primary source of funding? _____

Check the ages of the children you serve: Infants / 0 – 11 months Toddlers 12 – 23 months
 Preschoolers / 2-4 years School-agers / 5 – 12 years

Educational Background: High School/GED information required**

Degree	Institution	Major/Area of Study	Year Completed
Graduate Level			
Bachelor's Degree (4 yr.)			
Associate Degree (2 yr.)			
CDA Credential			
High School Diploma (GED)			
Other:			

Name of hometown newspaper: _____

Would you be interested in earning college credit for the Director's Credential Training Program? _____

Have you applied for the Director's Credential Training Program before? Yes No

How did you hear about the Director's Credential Training Program? _____

My signature verifies that all the above information is true, accurate and current in all respects and I am qualified to enroll. I understand that to earn the Director's Credential, I must fully attend all classes (120 hours) and successfully complete all evaluations and assignments before I take Module Nine, the Integration Module.

Signature *Date*