

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.

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

Social Security No: (Last five digits of SS# are REQUIRED) X X X - X \_\_\_ - \_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ (mm/yy/yyyy)

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.

Table with 4 columns: Check current semester/term, Summer '11, Fall '11, Winter '12, Spring '12. Rows include Department/Course Number/Course Title, Section #, Instructor, No. of Units, and Total Units =

Student Name: (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last) \_\_\_\_\_

College: \_\_\_\_\_

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: \_\_\_\_\_

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