

For CDTC Use Only #

# Child Development Training Consortium (CDTC) 2007-2008 Participant 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 and sign this section)

Social Security Number: (Last four digits of SS# are REQUIRED) XXX-XX-\_\_\_\_\_

Student ID Number: \_\_\_\_\_

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

Gender: \_\_\_ Male \_\_\_ Female

Ethnic Background: \_\_\_ African-American \_\_\_ American-Indian or Alaskan Native \_\_\_ Asian or Pacific Islander \_\_\_ Caucasian  
\_\_\_ Hispanic \_\_\_ Multi-racial \_\_\_ Decline to answer \_\_\_ Other: (specify) \_\_\_\_\_

### Which Child Development Permit do you currently hold? (Check one)

\_\_\_ None \_\_\_ Assistant \_\_\_ Associate Teacher \_\_\_ Teacher \_\_\_ Master Teacher \_\_\_ Site Supervisor \_\_\_ Program Director  
\_\_\_ Children's Center Instructional \_\_\_ Children's Center Supervisory \_\_\_ Other: (specify) \_\_\_\_\_

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

\_\_\_ Assistant \_\_\_ Associate Teacher \_\_\_ Teacher \_\_\_ Master Teacher  
\_\_\_ Site Supervisor \_\_\_ Program Director \_\_\_ Renew current permit

### Current Position: (Check all that apply)

\_\_\_ Family Child Care \_\_\_ Assistant/Aide \_\_\_ Associate Teacher \_\_\_ Teacher \_\_\_ Master/Head Teacher  
\_\_\_ Site Supervisor \_\_\_ Program Director \_\_\_ Substitute \_\_\_ Other: (specify) \_\_\_\_\_

### Long-Term Goal: (Check all that apply)

\_\_\_ Assistant \_\_\_ Associate Teacher \_\_\_ Teacher \_\_\_ Master Teacher  
\_\_\_ Site Supervisor \_\_\_ Program Director \_\_\_ Family Child Care \_\_\_ Elementary Education  
\_\_\_ Own a Center \_\_\_ Other: (specify) \_\_\_\_\_

### Indicate the ages of children you work with: (check all that apply)

\_\_\_ Infant-toddler (Birth to 3 years) \_\_\_ Preschool (3 to 6 years) \_\_\_ School-age (kindergarten, before/after school or off-track care only)

Have you attended another community college this year? \_\_\_ Yes \_\_\_ No

If yes, write the full name: \_\_\_\_\_

## B. Current Enrollment Information

*Do not list PE or general work experience classes. Child Development work experience may be listed.*

CIRCLE current semester/term: Summer '07 Fall '07 Winter '08 Spring '08

Department / Course Number / Course Title	Section #	Instructor	No. of Units
1.			
2.			
3.			
4.			
5.			
<i>Total Units =</i>			

Current Enrollment Information Section Continued on Page 2.

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

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

**B. Current Enrollment Information Cont.** (Student must complete and sign this section)

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 Information** (Director/Site Supervisor/Provider must complete all items below and sign this section)

≈ Do not use any abbreviations or acronyms. ≈

Name of Employing Agency: \_\_\_\_\_ County: \_\_\_\_\_

Employing Agency Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Center Name and Address: (If different from above) \_\_\_\_\_

Facility License Number: \_\_\_\_\_, if you own a licensed family childcare attach a copy of your current DSS license, OR

License exemption: (Check only one)

On School Site  Parents On Site  Military  Before/After School Program  
 Tribal  Employment Agency  Home Based

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: \_\_\_\_\_

Agency/Center Type: (check ONE)  Public  Private Non-Profit  Private-for-Profit  Licensed Family Child Care

Name and Title of Person Verifying Employment: \_\_\_\_\_

(Name)

(Title)

I certify that the student named above is employed by this agency:

**X** \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYER SIGNATURE**

**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**