

Program Year:

2023-2024



Date Received:

SD CDA Training Program Registration Application

The SD CDA Training program with Early Childhood Connections is offered virtually via Zoom and will utilize an online learning platform, Canvas, for tracking and submission of homework, quizzes, communication, and resources. Before continuing with this application, please initial on the lines below, acknowledging you agree to use these technology tools for the duration of the program.

_____ I will use Zoom with my camera on during the classes as well as utilize the Zoom functions (such as chat and breakout rooms) during each of the CDA classes.

_____ I will use Canvas as the online learning platform for the CDA program.

Applicant Name: _____ Birthdate(month/day/year): _____

Email: _____ Last 4 Digits of SS #: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip: _____ Applicant Phone Number: _____

Are you currently participating in the SD Pathways Career Lattice? (check one)

All SD CDA applicants are required to participate in the SD Pathways to Professional Development Career Lattice.

Yes, Pathways ID # _____ If known, please list Pathways level (I – VII): _____

No (Please attach the completed SD Pathways application with all verification documents – HS Diploma, 6 hours training, CPR/First Aid)

What type of early childhood program are you currently working in? (check one)

Family Child Care (up to 12 children) Group Family Home (12-20 children)

Child Care Center (more than 20 children) Head Start

Other: _____

Program Name: _____ Supervisor Name: _____

Program Address: _____

City: _____ State: _____ Zip: _____ Program Phone Number: _____

Is it okay to contact you at work? (circle one) YES NO

Setting for CDA Credential: (choose one)

Center-based Infant/Toddler Setting (state-approved, birth to 36 months)

Center-based Preschool Setting (state-approved, 3 to 5 years)

Family Child Care Setting (birth to 5 years in a family child care home)

Home Visitor (birth to 5 years in a home-visitor setting)



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Statements of Commitment (You must initial on the line by each statement)

Failure to meet class requirements may result in loss of scholarship. By initialing each statement below and starting the SDCDA program, I agree to abide by the following commitments of the SD CDA program:

_____ Be prepared for class time by completing the required reading and workbook assignments

_____ Actively participate in 120 hours of professional education in the eight CDA subject areas

- 80 hours of in-class instruction and 40 hours of outside-class work (workbook)

_____ Complete a Professional Portfolio, which includes:

- Transcripts, certificates, and/or letters that document my professional education
- Family Questionnaires
- Six Reflective Competency Statements (max 500 words each)
- Six Resource Collections (varies per area)
- Professional Philosophy Statement (max 2 pages)

_____ Complete 480 hours of experience working with children at the age level I am applying for, within three years of submitting my application (may be paid or unpaid work)

_____ Complete and submit all application requirements for the South Dakota Pathways to Professional Development with the Department of Social Services

_____ To obtain my Child Development Associate Credential, I understand my responsibility to complete the following:

- Identify a CDA Professional Development (PD) Specialist
- Complete the Council's **Application** for the CDA Credential
- Successfully complete the CDA **Exam**
- Participate in a **Verification Visit** conducted by a certified CDA PD Specialist

_____ Lastly, I understand that it is my responsibility to renew my CDA Credential every three years to maintain this nationally recognized credential in early childhood education

Work Experience

How many years have you worked professionally with young children? _____

Briefly describe your professional history working with young children, including your current responsibilities:

How many children are in your direct care at this time? _____

What age range of children do you currently care for? _____ to _____

Cost of Tuition = \$800 (see breakdown below)

- Registration/Supplies Fee = \$160 (If you are not receiving a scholarship, this fee must be paid before you will be registered and receive textbooks)
- Training Fee = \$640 (\$20 per class x 32 classes)

*** If you receive a scholarship and withdraw from the program, there must be a person/party responsible for the payment of supplies and classes enrolled in before withdrawal. You must complete the **Party Responsible for Payment** section below to determine who will ultimately be responsible for payment should the applicant not complete the SD CDA program.

Payment Options:

- **SDCDA Training Scholarship** (All scholarship applicants must maintain employment in registered family childcare or a licensed childcare program with the South Dakota Department of Social Services)
- **Self-Pay** (Please discuss payment options with your regional ECE office)

Are you applying for the CDA Training Program Scholarship? (circle one) **YES** **NO**

If you mark **NO**, please initial here (_____) to acknowledge that you are solely responsible for payment of the SD CDA Training Program and then **skip** the Scholarship Information section.

If **yes**, please complete the Scholarship Information section below.

Scholarship Information

Earned Income: Salary, wages, tips, work-study payments

Unearned Income: Pensions, retirement, child support, alimony, Social Security, Veteran’s benefits, and rental income.

Family Size: _____

Marital Status (circle one): **Married** **Single**

Monthly gross family income from employment:	\$ _____
Monthly net profit from self-employment <i>* Depreciation is considered countable income</i>	\$ _____
Monthly gross child support income	\$ _____
Monthly gross alimony income	\$ _____
All other monthly income sources	\$ _____

Do you expect to experience any of the following professional growth changes as a result of your participation in the SD Pathways Scholarship Program?

- Salary increase from my current salary of \$ _____ to \$ _____
- Advancement to a new position (please describe):
- Improved professional recognition (please describe):
- Other (please describe):

Party Responsible for Payment if Program Not Completed (please select only one option)

<input type="checkbox"/> Program <hr/> Program Name <hr/> Print Name of the Authorized Personnel <hr/> Signature of Authorized Personnel Date	<input type="checkbox"/> Applicant (Self) <hr/> Print Name of Applicant <hr/> Signature of Applicant Date
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I declare and affirm with my signature below that to the best of my knowledge, the above information I have provided herein is true and correct.

 Signature of Applicant Date