

# Child Development Training Consortium (CDTC) 2009-2010 Participant Profile

**College: Saddleback College**

**Return to: June Millovich BGS 115  
28000 Marguerite Pkwy Mission Viejo, CA 92692**

**Due Dates: Fall Nov 7<sup>th</sup> / Spring April 17<sup>th</sup>**

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 Number: (Last six digits of SS# are REQUIRED) XXX-\_\_\_\_-\_\_\_\_\_**

**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

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

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

**2. 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) \_\_\_\_\_

**3. Which Child Development Permit will you apply for next? (Check one)**  
\_\_\_ Renew current permit \_\_\_ Assistant \_\_\_ Associate Teacher \_\_\_ Teacher  
\_\_\_ Master Teacher \_\_\_ Site Supervisor \_\_\_ Program Director

**4. Current Position: (Check all that apply)**  
\_\_\_ Family Child Care \_\_\_ Assistant/Aide \_\_\_ Associate Teacher \_\_\_ Teacher  
\_\_\_ Master/Head Teacher \_\_\_ Site Supervisor \_\_\_ Program Director \_\_\_ Substitute  
Other: (specify) \_\_\_\_\_

**5. 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) \_\_\_\_\_

**6. 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)

**7. Have you attended another community college this year?** \_\_\_ Yes \_\_\_ No  
If yes, write the full name: \_\_\_\_\_

## B. Current Enrollment Information

**Child Development and General Education Courses Only Do not list PE**

CIRCLE current semester/term: Fall '09    Spring '10

Course Number / Course Title (ie CD 110 Intro to Curriculum)	Ticket #	Instructor	No. of Units
1.			
2.			
3.			
4.			
5.			
<b>Total Units =</b>			

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 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: \_\_\_\_\_ County: \_\_\_\_\_

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

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

Facility License Number: \_\_\_\_\_, Note: **Only** student applicants who own a licensed family childcare are required to attach a copy of their current DSS license.

OR

License exemption: (Check only one)

On School Site  Parents On Site /Co-op  Military  Parks and Recreation  
 Tribal  Employment Agency  Home Based  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 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)

≈ For Coordinator Use Only Original profile must be submitted to CDTC ≈

**D. Campus Coordinator Certification Section** (Coordinator must complete and sign this section)

I certify this student is eligible for CDTC services and has been enrolled according to CDE/CDD priorities:

Priority #: (if applicable) \_\_\_\_\_ CD Major Y  N  Date Received: \_\_\_\_\_

Coordinator Approval: (Required for CDTC processing)

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
Coordinator Signature