

## *Your partner for the Child Development Associate (CDA) Credential™*

The Child Development Associate (CDA) Credential™ is the most recognized professional development benchmark for family childcare providers, center-based or school setting staff. The National Council for Professional Recognition is the administrator of this program and awards the CDA Credential to students that complete the program requirements.

### ***What are the qualifications?***

Individuals who earn the credential must:

- Be 18 or older
- Hold a high school diploma or equivalent
- Have earned 480 hours of experience working with children by the time the class is completed

### ***What do I have to do to earn the CDA credential?***

Candidates for the CDA credential must complete:

- 120 hours of education in specific topic areas (CDA classes apply)
- A CDA Professional Portfolio (the Portfolio is created in the class)
- Schedule a CDA Observation Visit by an approved early childhood specialist and take the CDA exam.

### ***How we can help you!***

Our comprehensive CDA program offers many advantages:

- Weekly classroom training conducted by a credentialed professional who works with your style of learning
- Assistance with seeking financial aid (through PDP or CSEA) and completing your application
- Offers the workbook, materials, and help to complete your CDA portfolio
- One-on-one personal assistance and support to help you successfully earn the credential
- We have approved early childhood specialists on staff you can request to do your CDA Observation visit

### ***How much does the CDA course cost?***

- The CDA Course Fee is **\$2,500**
- We require students to pre-apply using the EIP Award or CSEA grant before class start date.
  - If we see your name listed on PDP we will complete your registration and enroll you in the course.
  - If your name is not listed on PDP by **March 22<sup>nd</sup>** a **\$50** Registration fee will be required to complete your registration. You will not be registered until this fee is paid. This fee will be applied towards the total course fee.
  - A Payment Plan will be applied to students who do not qualify for an EIP or CSEA.
- **A completed application is required** from all students. You can mail this or e-mail this as a PDF to [ccs@childcaresolutionscny.org](mailto:ccs@childcaresolutionscny.org). Your registration will not be completed until your application is received.
- We must have confirmation of your payment method prior to the course start date.

### **Financial assistance available?**

- CSEA/VOICE - Family or Group Family child care providers may qualify for full scholarship. To obtain your CDA number visit their website at: <http://voiccecsea.org/professionaldevelopment>.
- EIP/PDP - Scholarship funding may also be available through the **Educational Incentive Program**. For more information or to apply go to <https://www.ecetp.pdp.albany.edu/eip.aspx>.
  - Create an account or use an account you have already created.
  - Use your Username and Password created to enter.
  - You will need the Class Information listed below and you will be asked to submit Pg 1 of your 1040 Fed tax form and pay stub to verify gross income and employment.
  - **Day Care Center Staff** – need the Center’s License number and expiration date
  - **Group/Family Child Care Providers** – need a copy of their Registration/License
  - You are responsible to follow up on your EIP application for the status. If you have difficulties call 800-295-9616 for help.
  - When your submission has been approved by PDP you need to Accept the award in your account.
  - When Child Care Solutions sees your approved award your Award will be applied to your amount due.

### **Class Information:**

- Training Organization: **Child Care Solutions**
- Name of Instructor: **Kristi Cusa**
- Start Date: **March 26, 2024**
- End Date: **October 15, 2024**
- Number of Training Hours: **120**
- Cost: **\$2,500**

**CDA session starts Tuesday, March 26, 2024 to Tuesday, October 15, 2024.**

The course runs on Tuesday nights for 30 weeks.

### **Requirements For Registration:**

- \* Submit a **completed** Registration Application Form by March 22<sup>nd</sup> (see page 3 & 4)
- \* You **MUST** apply for EIP or CSEA funding as soon as possible.
- \* You **MUST** confirm your payment method by **March 22<sup>nd</sup>**.
- \* Classes run on Tuesday’s from 6:00 – 9:00 pm (see page 5 for full schedule)

Secure your seat by registering and applying for EIP or CSEA funding as soon as possible.

Contact Information:

**Kristi Cusa**, [kristic@childcaresolutionscny.org](mailto:kristic@childcaresolutionscny.org), (315) 446-1220 Ext. 309 – for assistance with your application or applying for financial aid

**Pam Borreggine**, [pamb@childcaresolutionscny.org](mailto:pamb@childcaresolutionscny.org), (315) 446-1220 Ext. 302 – for financial help or to make a payment.



# Registration Application Form for CDA Course March 26, 2024 – October 15, 2024

Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

(An E-mail account is mandatory)

What is the best way to reach you during the day? WORK HOME CELL EMAIL

(CIRCLE ALL THAT APPLY)

Are you currently caring for children in a home or center based program? YES NO

What type of care? (CIRCLE ONE)

CHILD CARE PRESCHOOL

CHILD CARE INFANT/TODDLER

FAMILY/GROUP FAMILY CHILD CARE

EARLY HEAD START

HEAD START

OTHER \_\_\_\_\_

Program Name \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

What is your highest education completed? \_\_\_\_\_

**\*Required\* - Check all that apply:**

- I have read and signed the financial statement on the back of this form.
- I have filed for an EIP Award on \_\_\_\_\_ and will follow up on status.
- I have requested CSEA/VOICE funding; I am eligible and my CCSI-CDA # is \_\_\_\_\_.
- My employer (listed above) will be contributing \$\_\_\_\_\_ toward my CDA fee.
- I agree to set up a payment plan for the balance of my CDA course fees.
- I would like a call to ask questions or get help applying for financial assistance.

Mail your completed Application Registration Form to:

**Child Care Solutions  
6724 Thompson Road  
Syracuse NY 13211**

**OFFICE USE ONLY:**

Date rec. \_\_\_\_\_ Amt \_\_\_\_\_

CHARGE CHECK CASH Rec # \_\_\_\_\_

## Understanding your Financial & Attendance Responsibility

We want to ensure that participants are aware of and accept their financial and attendance responsibilities for this course. The CDA Credential and the EIP Award and CSEA Funding associated with this course are a personal award belonging to the participant; this means that the responsibility for payment is on the student.

**Please read the following statements carefully then sign, date and return this form to us.**

I understand that the cost of the CDA course I am enrolling in is \$2,500.00 and that I am required to apply for an EIP Award or CSEA Funding prior to start date so my payment method is recorded. I also understand that any balance due not covered by these funding sources I will be responsible for.

I understand that if I receive an EIP Award and/or funding through CSEA/VOICE and do not complete the course, I am responsible for all re-payments or balances due.

I understand that if I miss 3 classes, they can be given to me as a make-up assignment. If I miss 4 classes, I am required to do a one-on-one make-up with the instructor. If I miss 5 classes, I will automatically be withdrawn from the course.

I understand that if I drop out or withdraw from the CDA course after the third session I will receive no refund on my Registration fee or for fees paid towards this course. If I feel there are extenuating circumstances that caused me to withdraw from the course, I understand that I may appeal for consideration of a refund by contacting the Executive Director of Child Care Solutions.

I understand that I will receive, and sign off on, a Payment Plan agreement to pay back any balance due not covered by a funding source. In addition, I understand that if payments are not made per my Payment Plan agreement, I may not be allowed to continue the course, and that I will also not receive credit hours for classes attended.

I understand I will not receive my Letter of Completion from the instructor until full payment has been received.

\_\_\_\_\_  
Name – Please Print

\_\_\_\_\_  
Date



**March 2024 CDA Course**  
**September 5, 2023 – December 14, 2023**

<b>Course Name:</b>	March 2024 CDA Course
<b>Hours:</b>	120
<b>Instructor:</b>	Kristi Cusa
<b># of Sessions:</b>	30
<b>Times:</b>	6:00 - 9:00 pm evenings
	Every Tuesday
<b>Day / Date of Sessions:</b>	
March 26 <sup>th</sup>	July 2 <sup>nd</sup>
	July 9 <sup>th</sup>
April 2 <sup>nd</sup>	July 16 <sup>th</sup>
April 9 <sup>th</sup>	July 23 <sup>rd</sup>
April 16 <sup>th</sup>	July 30 <sup>th</sup>
April 23 <sup>rd</sup>	
April 30 <sup>th</sup>	August 6 <sup>th</sup>
	August 13 <sup>th</sup>
May 7 <sup>th</sup>	August 20 <sup>th</sup>
May 14 <sup>th</sup>	August 27 <sup>th</sup>
May 21 <sup>st</sup>	
May 28 <sup>th</sup>	September 3 <sup>rd</sup>
	September 10 <sup>th</sup>
June 4 <sup>th</sup>	September 17 <sup>th</sup>
June 11 <sup>th</sup>	September 24 <sup>th</sup>
June 18 <sup>th</sup>	
June 25 <sup>th</sup>	October 1 <sup>st</sup>
	October 8 <sup>th</sup>
	October 15 <sup>th</sup>