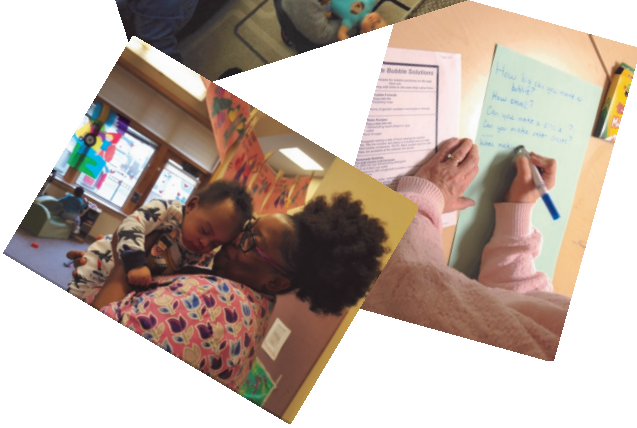


# Child Development Associate Classes

Starting the Week of August 27, 2018



## CDA Information

**Registration is Required!**  
**Call to Register (Toll Free):**  
**1-877-691-8521**  
**To Register by Fax:**  
**330-491-0334**

### LOCATION:

Early Childhood Resource Center  
1718 Cleveland Ave. N.W.  
Canton, Ohio 44703

### TIME:

Fridays 9-11:30 a.m. with  
Some Fridays 9-2:30 p.m.

### CREDIT AVAILABLE:

Ohio Approved Hours,  
ODJFS In-Service

## TOP 3 REASONS

to ENROLL in the Early Childhood  
Resource Center's CDA Classes

1. Finish classes in approximately 9 months!
2. Eight Courses provide you with the required training to apply for your Credential! Take all 8 or choose just the Courses you need.
3. Free to Star Rated ODJFS Programs and nonrated programs currently participating in SUTQ101 in Service Delivery Area 4 .

Space is limited!

# CDA Schedule: Friday FastTrack

## Course 1: Commitment to Professionalism

Date	Title
8/31/18 *	Intro to CDA
8/31/18 *	Professionalism
9/7/18	Your Role as an ECE Professional
9/14/18 *	History of ECE/Theorists & Your Philosophy
9/14/18 *	Developmentally Appropriate Practice
9/21/18	State Licensing Rules for Admin. & Staff

## Course 2: Child Development & Learning

Date	Title
9/28/18 *	ELDS Birth-5
9/28/18 *	Child Development Prenatal-2
10/5/18	Child Development Ages 2-3
10/12/18 *	Child Development Ages 4-5
10/12/18 *	Child Development Ages 5-8
10/19/18	Inclusion and Special Needs

## Course 3: Supporting Social Emotional Dev.

Date	Title
10/26/18 *	Erickson's Stages of Development
10/26/18 *	Encouraging Social Interactions
11/2/18	Normal vs. Atypical Development
11/9/18 *	Promoting Sense of Self
11/9/18 *	Stages of Play & Transitions
11/16/18	Portfolio Class

## Course 4: Safe, Healthy Environments

Date	Title
11/30/18 *	Establishing Safe Environments for Children
11/30/18 *	Healthy Habits
12/7/18	Sanitary Environment
12/14/18 *	Diapering, Toileting, Sleep Habits
12/14/18 *	DAP Learning Environment for I/T
12/21/18	DAP Learning Environment for Preschool

## Course 5: Observing and Recording Behavior

Date	Title
1/4/19 *	Intro. To Observations
1/4/19 *	Observing With a Purpose
1/11/19	Planning for Individual Children
1/18/19 *	Observing and Recording
1/18/19 *	Sharing Observation/Assess. With Families
1/25/19	Connecting Observations & Assessments

## Course 6: Physical & Intellectual Dev.

Date	Title
2/1/19 *	Supporting Learning Across Domains
2/1/19 *	Physical Activity: Fine and Gross Motor
2/8/19	Language & Communication/Literacy
2/15/19 *	Creative Arts
2/15/19 *	Cognitive Development
2/22/19	Writing Goals & Objectives

## Course 7: Strategies for Program Management

Date	Title
3/1/19 *	Assuring a Smooth Running Classroom
3/1/19 *	Collaborations
3/8/19	DAP Schedules & Routines
3/15/19 *	Record Keeping & Organization
3/15/19 *	Lesson Planning
3/22/19	Portfolio Class

## Course 8: Establishing Family Relationships

Date	Title
3/29/19 *	Family Partnerships & Communication
3/29/19 *	Supporting Family Needs
4/5/19	Writing a Parent Handbook
4/12/19 *	Portfolio Class
4/12/19 *	Building Your Career
4/26/19	Verification Visit

**Please complete the registration form below.**

**Note:** If you are receiving a scholarship, please indicate in payment method below.

**CDA Registration Form**

**Enroll me in:**

**Self Pay Fees:**

- Courses 1-8 \$0/\$600
- Course 1 \$0/\$75
- Course 2 \$0/\$75
- Course 3 \$0/\$75
- Course 4 \$0/\$75
- Course 5 \$0/\$75
- Course 6 \$0/\$75
- Course 7 \$0/\$75
- Course 8 \$0/\$75

**CDA Competency Standards Book/Nonrefundable registration fee \$100**

Please select the focus area for your CDA:

- Infant/Toddler     Preschool     Family Child Care

**Registrant Information**

Name OPIN Number

Address

Name of Employer Email:

Home/Cell Phone Work Phone

Location of class registering for (County): \_\_\_\_\_ Day(s) of week: \_\_\_\_\_

**Payment Information**

**Please review ECRC CDA/Scholarship cancellation and attendance policies.**

Payment type:  Cash     Check (\$25 NSF Fee)     Invoice     Credit Card     ECRC Scholarship

Credit Card Type:  MasterCard     Visa     American Express     Discover    Total Amount paid: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. date \_\_\_\_\_  
Digit) CCV Code (3-4)

Signature \_\_\_\_\_