

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:

Thursdays, 6-8:30 p.m.
9 Tuesdays, 6-8:30 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

Course 1: Commitment to Professionalism

Date	Title
Tues., 8/28/18	Intro to CDA
Thurs., 8/30/18	Professionalism
Thurs., 9/6/18	Your Role as an ECE Professional
Thurs., 9/13/18	History of ECE/Theorists & Your Philosophy
Thurs., 9/20/18	Developmentally Appropriate Practice
Tues., 9/25/18	State Licensing Rules for Admin. & Staff

Course 2: Child Development & Learning

Date	Title
Thurs., 9/27/18	ELDS Birth-5
Thurs., 10/4/18	Child Development Prenatal-2
Thurs., 10/11/18	Child Development Ages 2-3
Thurs., 10/18/18	Child Development Ages 4-5
Tues., 10/23/18	Child Development Ages 5-8
Thurs., 10/25/18	Inclusion and Special Needs

Course 3: Supporting Social Emotional Dev.

Date	Title
Thurs., 11/1/18	Erickson's Stages of Development
Thurs., 11/8/18	Encouraging Social Interactions
Thurs., 11/15/18	Normal vs. Atypical Development
Tues., 11/27/18	Promoting Sense of Self
Thurs., 11/29/18	Stages of Play & Transitions
Thurs., 12/6/18	Portfolio Class

Course 4: Safe, Healthy Environments

Date	Title
Thurs., 12/13/18	Establishing Safe Environments for Children
Tues., 12/18/18	Healthy Habits
Thurs., 12/20/18	Sanitary Environment
Thurs., 1/3/19	Diapering, Toileting, Sleep Habits
Thurs., 1/10/19	DAP Learning Environment for I/T
Thurs., 1/17/19	DAP Learning Environment for Preschool

Course 5: Observing and Recording Behavior

Date	Title
Tues., 1/22/19	Intro. To Observations
Thurs., 1/24/19	Observing With a Purpose
Thurs., 1/31/19	Planning for Individual Children
Thurs., 2/7/19	Observing and Recording
Thurs., 2/14/19	Sharing Observation/Assess. With Families
Thurs., 2/21/19	Connecting Observations & Assessments

Course 6: Physical & Intellectual Dev.

Date	Title
Tue., 2/26/19	Supporting Learning Across Domains
Thurs., 2/28/19	Physical Activity: Fine and Gross Motor
Thurs., 3/7/19	Language & Communication/Literacy
Thurs., 3/14/19	Creative Arts
Thurs., 3/21/19	Cognitive Development
Tues., 3/26/19	Writing Goals & Objectives

Course 7: Strategies for Program Management

Date	Title
Thurs., 3/28/19	Assuring a Smooth Running Classroom
Thurs., 4/4/19	Collaborations
Thurs., 4/11/19	DAP Schedules & Routines
Tues., 4/23/19	Record Keeping & Organization
Thurs., 4/25/19	Lesson Planning
Thurs., 5/2/19	Portfolio Class

Course 8: Establishing Family Relationships

Date	Title
Thurs., 5/9/19	Family Partnerships & Communication
Thurs., 5/16/19	Supporting Family Needs
Tues., 5/21/19	Writing a Parent Handbook
Thurs., 5/23/19	Portfolio Class
Thurs., 5/30/19	Building Your Career
Thurs., 6/6/19	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 _____