

Child Development Associate Classes

Starting Wednesday August 29, 2018

CDA Information

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

LOCATION: Creative Corner
@Bethel Lutheran Church
425 Crestview Dr.
Boardman, OH 44512

TIME: Wednesdays 6:00-8:30PM
Saturdays: 9:00-11:30AM

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
Wed. 8/29/18	Intro to CDA
Wed. 9/5/18	Professionalism
Wed. 9/12/18	Your Role as an ECE Professional
Sat. 9/15/18	History of ECE/Theorists & Your Philosophy
Wed. 9/19/18	Developmentally Appropriate Practice
Wed. 9/26/18	State Licensing Rules for Admin. & Staff

Course 2: Child Development & Learning

Date	Title
Wed. 10/3/18	ELDS Birth-5
Sat. 10/6/18	Child Development Prenatal-2
Wed. 10/10/18	Child Development Ages 2-3
Wed. 10/17/18	Child Development Ages 4-5
Wed. 10/24/18	Child Development Ages 5-8
Wed. 10/31/18	Inclusion and Special Needs

Course 3: Supporting Social Emotional Dev.

Date	Title
Sat. 11/3/18	Erickson's Stages of Development
Wed. 11/7/18	Encouraging Social Interactions
Wed. 11/14/18	Normal vs. Atypical Development
Wed. 11/21/18	Promoting Sense of Self
Wed. 11/28/18	Stages of Play & Transitions
Sat. 12/1/18	Portfolio Class

Course 4: Safe, Healthy Environments

Date	Title
Wed. 12/5/18	Establishing Safe Environments for Children
Wed. 12/12/18	Healthy Habits
Wed. 12/19/18	Sanitary Environment
Wed. 1/2/19	Diapering, Toileting, Sleep Habits
Wed. 1/9/19	DAP Learning Environment for I/T
Sat. 1/12/19	DAP Learning Environment for Preschool

Course 5: Observing and Recording Behavior

Date	Title
Wed. 1/16/19	Intro. To Observations
Wed. 1/23/19	Observing With a Purpose
Wed. 1/30/19	Planning for Individual Children
Sat. 2/2/19	Observing and Recording
Wed. 2/6/19	Sharing Observation/Assess. With Families
Wed. 2/13/19	Connecting Observations & Assessments

Course 6: Physical & Intellectual Dev.

Date	Title
Wed. 2/20/19	Supporting Learning Across Domains
Wed. 2/27/19	Physical Activity: Fine and Gross Motor
Wed. 3/6/19	Language & Communication/Literacy
Sat. 3/9/19	Creative Arts
Wed. 3/13/19	Cognitive Development
Wed. 3/20/19	Writing Goals & Objectives

Course 7: Strategies for Program Management

Date	Title
Wed. 3/27/19	Assuring a Smooth Running Classroom
Wed. 4/3/19	Collaborations
Sat. 4/6/19	DAP Schedules & Routines
Wed. 4/10/19	Record Keeping & Organization
Wed. 4/24/19	Lesson Planning
Wed. 5/1/19	Portfolio Class

Course 8: Establishing Family Relationships

Date	Title
Sat. 5/4/19	Family Partnerships & Communication
Wed. 5/8/19	Supporting Family Needs
Wed. 5/15/19	Writing a Parent Handbook
Wed. 5/22/19	Portfolio Class
Wed. 5/29/19	Building Your Career
Wed. 6/5/19	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