Child Development Associate Training Registration Form

Please review ECRC CDA/Scholarship cancellation and attendance policies on our website!

Student Information

First Name _____

Last Name _____

Employer _____

Address _____

City/State/Zip _____

Email Address _____

Phone Number _____

County _____ - OPIN# _____

Which class are you registering for? _____

What type of CDA are you pursuing?

◯ Birth/5years ◯ Infant/Toddler ◯ Preschool ◯ Family Child Care

What are you registering for?

Registration Type	Cost	Total
Full CDA Program (Modules 1-8)	$720 *$100 Reg. Fee	
Select Module(s) (circle): 1 2 3 4 5 6 7 8	$90/Module *$100 Reg. Fee	
CDA Scholarship: Form needs submitted with registration form. If your fee is waived, please indicate at registration.	*$100 Reg. Fee	
	Total Due	

* Would you like to request a learning accommodation form? No Yes *(if yes, one will be sent to the email you provided by the instructor)*

* Have you taken CDA classes before? No Yes *(if yes, where & when?_____)*

* Have you received your CDA credential in the past? No Yes *(if yes, when?_____)*

Credit Card Payment Information

Payment Type: Check___ Cash___ Credit Card___ (+ processing fee) Invoice___ ECRC Scholarship___

Cardholder's Name _____

Cardholder's Billing Address _____

Credit card # _____ Exp. Date _____ CCV Code (3-4) _____

Cardholder's Signature _____

This registration fee is non-refundable