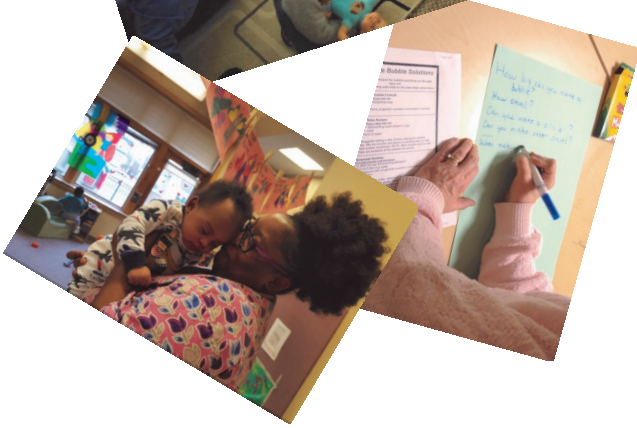


Child Development Associate Classes

Starting the Week of August 26, 2019



CDA Information

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

LOCATION:

SMALL HANDS BIG DREAMS
LEARNING CENTER
4898 CENTER ROAD
BRUNSWICK HILLS, OH 44212

TIME:

THURSDAYS 6:15 PM-8:45PM
AND
LAST TUESDAY OF EVERY MONTH
6:15PM-8:45PM

TWO SATURDAYS 9:00AM-2:30PM

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 and nonrated ODJFS programs accepting publicly funded children in Service Delivery Area 4 .

Space is limited!

CDA Course Syllabus

Course 1/Area 6 Commitment to Professionalism

Date	Classes	Portfolio
8/29/19	Intro to CDA	CSV1
9/5/19	Professionalism	RCV1.1
9/12/19	Your Role as an ECE Professional	RCV1.2
9/19/19	History of ECE/Theorists & Your Philosophy	RCV 1.3
9/24/19**	Developmentally Appropriate Practice	
9/26/19	State Licensing Rules for Admin. & Staff	

Course 2/Area 8 Child Development & Learning

Date	Classes	Portfolio
10/3/19	ELDS Birth-5	RC II
10/10/19	Child Development Prenatal-2	
10/17/19	Child Development Ages 2-3	
10/24/19	Child Development Ages 4-5	
10/29/19**	Child Development Ages 5-8	
10/31/19	Inclusion and Special Needs	

Course 3/Area 3 Supporting Social Emotional Dev.

Date	Classes	Portfolio
11/7/19	Erickson's Stages of Development	CSIII
11/14/19	Encouraging Social Interactions	RCIII
11/16/19*	Normal vs. Atypical Development	RCIV
11/16/19*	Promoting Sense of Self	
11/21/19	Stages of Play & Transitions	
11/26/19**	Portfolio Class	

Course 4/Area 1 Safe, Healthy Environments

Date	Classes	Portfolio
12/5/19	Establishing Safe Environments for Chil-	CS1
12/12/19	Healthy Habits	RC1.1
12/19/19	Sanitary Environment	RC1.2
1/2/20	Diapering, Toileting, Sleep Habits	RC1.3
1/9/20	DAP Learning Environment for I/T	
1/16/20	DAP Learning Environment for Preschool	

Course 5/Area 7 Observing and Recording Behavior

Date	Classes	Portfolio
1/23/20	Intro. To Observations	RCII
1/28/20**	Observing With a Purpose	
1/30/20	Planning for Individual Children	
2/6/20	Observing and Recording	
2/13/20	Sharing Observation/Assess. With Families	
2/20/20	Connecting Observations & Assessments	

Course 6/Area 2 Physical & Intellectual Dev.

Date	Classes	Portfolio
2/25/20**	Supporting Learning Across Domains	CSII
2/27/20	Physical Activity: Fine and Gross Motor	RCII
3/5/20	Language & Communication/Literacy	
3/12/20	Creative Arts	
3/19/20	Cognitive Development	
3/21/20*	Writing Goals & Objectives	

Course 7/Area 5 Strategies for Program Management

Date	Classes	Portfolio
3/21/20*	Assuring a Smooth Running Classroom	CSV
3/26/20	Collaborations	RCV
3/31/20**	DAP Schedules & Routines	RCIV
4/2/20	Record Keeping & Organization	
4/9/20	Lesson Planning	
4/16/20	Portfolio Class	

Course 8/Areas 4, 6 Establishing Family Relationships

	Classes	Portfolio
4/23/20	Family Partnerships & Communication	CSIV
4/28/20**	Supporting Family Needs	RCIV
4/30/20	Writing a Parent Handbook	
5/7/20	Portfolio Class	
5/14/20	Building Your Career	
5/21/20	Verification Visit	

****Denotes Tuesday sessions**

***Denotes Saturday All Day sessions**

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 _____