

Child Development Associate Classes

Starting the Week of August 29, 2019

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.
14 Saturdays from
9:00-11:30 a.m.
1 Saturday 9:00 a.m.-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 8 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 Stark, Summit, Portage, Medina, Trumbull, and Mahoning Counties

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
9/7/19	Your Role as an ECE Professional	RCV1.2
9/12/19	History of ECE/Theorists & Your Philosophy	RCV 1.3
9/19/19	Developmentally Appropriate Practice	
9/21/19	State Licensing Rules for Admin. & Staff	

Course 2/Area 8 Child Development & Learning

Date	Classes	Portfolio
9/26/19	ELDS Birth-5	RC II
10/3/19	Child Development Prenatal-2	
10/5/19	Child Development Ages 2-3	
10/10/19	Child Development Ages 4-5	
10/17/19	Child Development Ages 5-8	
10/19/19	Inclusion and Special Needs	

Course 3/Area 3 Supporting Social Emotional Dev.

Date	Classes	Portfolio
10/24/19	Erickson's Stages of Development	CSIII
11/2/19	Encouraging Social Interactions	RCIII
11/7/19	Normal vs. Atypical Development	RCIV
11/14/19	Promoting Sense of Self	
11/16/19	Stages of Play & Transitions	
11/21/19	Portfolio Class	

Course 4/Area 1 Safe, Healthy Environments

Date	Classes	Portfolio
12/5/19	Establishing Safe Environments for Children	CS1
12/7/19	Healthy Habits	RC1.1
12/12/19	Sanitary Environment	RC1.2
12/19/19	Diapering, Toileting, Sleep Habits	RC1.3
12/21/19	DAP Learning Environment for I/T	
12/21/19	DAP Learning Environment for Preschool	

Course 5/Area 7 Observing and Recording Behavior

Date	Classes	Portfolio
1/4/20	Intro. To Observations	RCII
1/9/20	Observing With a Purpose	
1/16/20	Planning for Individual Children	
1/18/20	Observing and Recording	
1/23/20	Sharing Observation/Assess. With Families	
1/30/20	Connecting Observations & Assessments	

Course 6/Area 2 Physical & Intellectual Dev.

Date	Classes	Portfolio
2/6/20	Supporting Learning Across Domains	CSII
2/8/20	Physical Activity: Fine and Gross Motor	RCII
2/13/20	Language & Communication/Literacy	
2/20/20	Creative Arts	
2/22/20	Cognitive Development	
2/27/20	Writing Goals & Objectives	

Course 7/Area 5 Strategies for Program Management

Date	Classes	Portfolio
3/5/20	Assuring a Smooth Running Classroom	CSV
3/7/20	Collaborations	RCV
3/12/20	DAP Schedules & Routines	RCIV
3/19/20	Record Keeping & Organization	
3/21/20	Lesson Planning	
3/26/20	Portfolio Class	

Course 8/Areas 4, 6 Establishing Family Relationships

Date	Classes	Portfolio
4/2/20	Family Partnerships & Communication	CSIV
4/9/20	Supporting Family Needs	RCIV
4/16/20	Writing a Parent Handbook	
4/18/20	Portfolio Class	
4/23/20	Building Your Career	
4/30/20	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

Orientation is required & will cover 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 _____