

Child Development Associate Classes

Starting the Week of June 3, 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:

Fridays
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 6 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.

Space is limited!

CDA Course Syllabus

Course 1/Area 6 Commitment to Professionalism

Date	Classes	Portfolio
6/7/19	Intro to CDA	CSV1
6/7/19	Professionalism	RCV1.1
6/14/19	Your Role as an ECE Professional	RCV1.2
6/14/19	History of ECE/Theorists & Your Philosophy	RCV 1.3
6/21/19	Developmentally Appropriate Practice	
6/21/19	State Licensing Rules for Admin. & Staff	

Course 2/Area 8 Child Development & Learning

Date	Classes	Portfolio
6/28/19	ELDS Birth-5	RC II
6/28/19	Child Development Prenatal-2	
7/12/19	Child Development Ages 2-3	
7/12/19	Child Development Ages 4-5	
7/19/19	Child Development Ages 5-8	
7/19/19	Inclusion and Special Needs	

Course 3/Area 3 Supporting Social Emotional Dev.

Date	Classes	Portfolio
7/26/19	Erickson's Stages of Development	CSIII
7/26/19	Encouraging Social Interactions	RCIII
8/2/19	Normal vs. Atypical Development	RCIV
8/2/19	Promoting Sense of Self	
8/9/19	Stages of Play & Transitions	
8/9/19	Portfolio Class	

Course 4/Area 1 Safe, Healthy Environments

Date	Classes	Portfolio
8/16/19	Establishing Safe Environments for Children	CS1
8/16/19	Healthy Habits	RC1.1
8/23/19	Sanitary Environment	RC1.2
8/23/19	Diapering, Toileting, Sleep Habits	RC1.3
8/30/19	DAP Learning Environment for I/T	
8/30/19	DAP Learning Environment for Preschool	

Course 5/Area 7 Observing and Recording Behavior

Date	Classes	Portfolio
9/6/19	Intro. To Observations	RCII
9/6/19	Observing With a Purpose	
9/13/19	Planning for Individual Children	
9/13/19	Observing and Recording	
9/20/19	Sharing Observation/Assess. With Families	
9/20/19	Connecting Observations & Assessments	

Course 6/Area 2 Physical & Intellectual Dev.

Date	Classes	Portfolio
9/27/19	Supporting Learning Across Domains	CSII
9/27/19	Physical Activity: Fine and Gross Motor	RCII
10/11/19	Language & Communication/Literacy	
10/11/19	Creative Arts	
10/18/19	Cognitive Development	
10/18/19	Writing Goals & Objectives	

Course 7/Area 5 Strategies for Program Management

Date	Classes	Portfolio
10/25/19	Assuring a Smooth Running Classroom	CSV
10/25/19	Collaborations	RCV
11/1/19	DAP Schedules & Routines	RCIV
11/1/19	Record Keeping & Organization	
11/8/19	Lesson Planning	
11/8/19	Portfolio Class	

Course 8/Areas 4, 6 Establishing Family Relationships

	Classes	Portfolio
11/15/19	Family Partnerships & Communication	CSIV
11/15/19	Supporting Family Needs	RCIV
11/22/19	Writing a Parent Handbook	
11/22/19	Portfolio Class	
12/6/19	Building Your Career	
12/6/19	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 _____