

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:

Children's Rehabilitation
Center
885 Howland Wilson Rd NE
Warren, OH 44484

TIME:

Tuesdays
9:00 a.m.-2:30 p.m.

CREDIT AVAILABLE:

Ohio Approved Hours,

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 in Service Delivery Area 4 .

Space is limited!

CDA Course Syllabus

Course 1/Area 6 Commitment to Professionalism

Date	Classes	Portfolio
6/4/19	Intro to CDA	CSV1
6/4/19	Professionalism	RCV1.1
6/11/19	Your Role as an ECE Professional	RCV1.2
6/11/19	History of ECE/Theorists & Your Philosophy	RCV 1.3
6/18/19	Developmentally Appropriate Practice	
6/18/19	State Licensing Rules for Admin. & Staff	

Course 2/Area 8 Child Development & Learning

Date	Classes	Portfolio
6/25/19	ELDS Birth-5	RC II
6/25/19	Child Development Prenatal-2	
7/2/19	Child Development Ages 2-3	
7/2/19	Child Development Ages 4-5	
7/9/19	Child Development Ages 5-8	
7/9/19	Inclusion and Special Needs	

Course 3/Area 3 Supporting Social Emotional Dev.

Date	Classes	Portfolio
7/16/19	Erickson's Stages of Development	CSIII
7/16/19	Encouraging Social Interactions	RCIII
7/23/19	Normal vs. Atypical Development	RCIV
7/23/19	Promoting Sense of Self	
7/30/19	Stages of Play & Transitions	
7/30/19	Portfolio Class	

Course 4/Area 1 Safe, Healthy Environments

Date	Classes	Portfolio
8/6/19	Establishing Safe Environments for Children	CS1
8/6/19	Healthy Habits	RC1.1
8/13/19	Sanitary Environment	RC1.2
8/13/19	Diapering, Toileting, Sleep Habits	RC1.3
8/20/19	DAP Learning Environment for I/T	
8/20/19	DAP Learning Environment for Preschool	

Course 5/Area 7 Observing and Recording Behavior

Date	Classes	Portfolio
8/27/19	Intro. To Observations	RCII
8/27/19	Observing With a Purpose	
9/3/19	Planning for Individual Children	
9/3/19	Observing and Recording	
9/10/19	Sharing Observation/Assess. With Families	
9/10/19	Connecting Observations & Assessments	

Course 6/Area 2 Physical & Intellectual Dev.

Date	Classes	Portfolio
9/17/19	Supporting Learning Across Domains	CSII
9/17/19	Physical Activity: Fine and Gross Motor	RCII
9/24/19	Language & Communication/Literacy	
9/24/19	Creative Arts	
10/1/19	Cognitive Development	
10/1/19	Writing Goals & Objectives	

Course 7/Area 5 Strategies for Program Management

Date	Classes	Portfolio
10/8/19	Assuring a Smooth Running Classroom	CSV
10/8/19	Collaborations	RCV
10/15/19	DAP Schedules & Routines	RCIV
10/15/19	Record Keeping & Organization	
10/22/19	Lesson Planning	
10/22/19	Portfolio Class	

Course 8/Areas 4, 6 Establishing Family Relationships

	Classes	Portfolio
10/29/19	Family Partnerships & Communication	CSIV
10/29/19	Supporting Family Needs	RCIV
11/5/19	Writing a Parent Handbook	
11/5/19	Portfolio Class	
11/12/19	Building Your Career	
11/12/19	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 _____