

New Jersey Early Childhood Scholarship Program

PO Box 718 Union, NJ 07083

(973) 391-2633 ext. 100 www.professionalimpactnj.org

Child Development Associate (CDA) Application

Please type or print clearly. Funds are limited and are not guaranteed.

SECTION I: APPLICATION INFORMATION

Name:		E-mail:		SS# : - -			
Phone (home): () -		(work): () -		Date of Birth: / /			
Home Address:							
Street		City		State	Zip County		
Name of Center (new applicants must enclose original letter verifying position and hours worked):				Date of Hire:		License ID#:	
Address:							
Street		City		State	Zip	County	

Job Title/Position: Head Teacher Group Teacher Assistant Teacher Other: _____
Type of Program: Abbott-Contracted Center Community-Based Center (CBC) Both
Age Group Served: Infant/Toddler (0-3 years) Preschool (3-5 years) School-age (5-13 years)
Employment: Full-time Part-time (at least **30** hours per week)
Number of hours worked per week: [_____] **Total number of years employed in child care:** [_____] years
Educational Level Achieved: High School or GED Some College Associate's Degree Bachelor's Degree

I verify that the applicant is employed at-will by this center and that I am willing to implement the CDA/CCP competency standards in our child care program. I am not obligated financially in any way to do so. I agree to notify PINJ if the applicant leaves this DHS-contracted center before the obligations of the scholarship program are fulfilled.

Signature of Director _____ **Date:** ____/____/____

SECTION II

If you are attending a FOR-CREDIT CDA program, you must fill out the College Course Application Form.

Training Agency (must be on enclosed list):

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Street City State Zip Code

Phone: (_____) _____ - _____

Cost of Training: \$ _____ Date class begins: ____/____/____ Date class ends: ____/____/____

Complete if applying for Training Funds

- I have enclosed proof that I am registered to attend the training program.
- I have enclosed proof that I have completed 60 training hours of the training program.
- I understand payment will be issued to the training agency if funds are available.

Complete if applying for Assessment Fee

- I have completed CDA training and am applying for \$325 for the CDA Assessment Fee.
- I have enclosed a **copy** of my entire CDA Assessment application with Sections 6, 7 & 8 signed by the appropriate parties.
- I understand that payment will be forwarded to the Council for Early Childhood Professional Recognition, Washington, DC, if funds are available.
- I understand that funds are limited and are not guaranteed.

Signature of Applicant Date **-1-**

The Child Care Resource and Referral Agencies

You must *apply* through the agency located in the county **in which you work**. You may *attend* CDA training at any agency listed below which offers training.

Atlantic County

Atlantic County Women's Center
P.O. Box 311
Northfield, NJ 08225
609-601-1180

Gloucester County

EIRC
606 Delsea Drive
Sewell, NJ 08080
856-582-8282

Ocean County

Children's Home Society of NJ
1433 Hooper Ave., Suite 340
Toms River, NJ 08753
732-557-9633

Bergen County

Bergen County Office for Children
1 Bergen County Plaza, 2nd Floor
Hackensack, NJ 07601
201-336-7150

Hudson County

Urban League of Hudson County
253 Martin Luther King Drive
Jersey City, NJ 07305
201-451-8888

Passaic County

North Jersey CCCC
101 Oliver Street
Paterson, NJ 07501
973-684-1904

Burlington County

Burlington County CAP
718 South Route 130
Burlington, NJ 08016
609-261-6834

Hunterdon County

NORWESCAP
63 Main Street, Suite 206
Flemington, NJ 08822
908-782-8183

Salem County

Tri-County Community Action
Partnership
14 New Market Street
Salem, NJ 08079
856-935-0944 ext. 220

Camden County

Camden County Division for Children
DiPiero Center
512 Lakeland Rd., Suite 200
Blackwood, NJ 08012
856-374-6376

Mercer County

Child Care Connection
1001 Spruce Street, Suite 201
Trenton, NJ 08638
609-989-7940

Somerset County

Catholic Charities of Metuchen
94 Grove St.
Somerville, NJ 08876
908-927-0869

Cape May County

EIRC/SRCCRC
4005 Route 9 South
Rio Grande, NJ 08242
609-886-5164

Middlesex County

Catholic Charities of Metuchen
103 Center Street
Perth Amboy, NJ 08861
732-324-4357

Sussex County

NORWESCAP CFRS
186 Halsey Rd., Suite 1
Newton, NJ 07860
973-383-3461

Cumberland County

Tri-County Child Care Services
110 Cohansey Street
Bridgeton, NJ 08302
856-451-5813

Monmouth County

Child Care Resources
3301C State Rte. 66
PO Box 1234
Neptune, NJ 07754
732-918-9901

Union County

Community Coordinated Child Care
225 Long Avenue
Hillside, NJ 07205
973-923-1433

Essex County

Programs for Parents, Inc.
20 Church St., Suite 14
Montclair, NJ 07042
973-744-4050

Morris County

Child & Family Resources
111 Howard Blvd., Suite 201
Mt. Arlington, NJ 07856
973-398-1730

Warren County

NORWESCAP
350 Marshall Street
Phillipsburg, NJ 08865
908-454-1078

I VERIFY I HAVE READ, UNDERSTAND, AND WILL ABIDE BY THE ENCLOSED RULES AND REGULATIONS FOR THE NJ EARLY CHILDHOOD SCHOLARSHIP PROGRAM. I have fully completed and signed this application and Handbook of Rules and Regulations. I have enclosed all documentation and understand that the scholarship cannot be awarded if I do not successfully complete the application process by the designated deadlines. I understand that incomplete applications will be returned and will not be processed. I give permission to PINJ to request and/or exchange with the training organization named on this application any information needed to complete my scholarship application or for statistical purposes for all terms in which I have applied for scholarship funds. I understand that funds are limited and are not guaranteed.

Signature of Applicant

Date

SECTION III: FOR SCREENING AGENCY ONLY

FOR OFFICIAL USE: The screening agency must complete this portion of the application for new applicants.

Agency Name: _____ Phone: (____) _____ - _____
 Passed Literacy Test? Yes No Score: _____ If no, applicant was referred to: _____
 Achieved competency on Writing Sample: Yes No
 Eligible: Yes No If no, other reason: _____
 Authorized Signature: _____ Date: _____

**SECTION III:
THE NEW JERSEY REGISTRY
FOR CHILDHOOD PROFESSIONALS
SERVING CHILDREN BIRTH THROUGH AGE THIRTEEN**

Participation in the NJ Early Childhood Scholarship Program requires that you participate in the *New Jersey Registry for Childhood Professionals Serving Children Birth Through Age Thirteen*.

The *NJ Registry* is a statewide system that guides, tracks, and recognizes the professional growth and development of individuals working in early care and education, afterschool, and primary education. It keeps track of professional development achievements by maintaining confidential records for each individual. Participants are approved at one of seven levels based on their education and experience. Individuals who conduct training can also be approved at one of three instructor levels. The *NJ Registry* also issues Head Teacher and Group Teacher approvals recognized by the Department of Human Services' Office of Licensing.

Membership in the *NJ Registry* is valid for one year. The initial \$25 registration fee is waived for NJ Early Childhood Scholarship students. Thereafter, you must renew annually for a small renewal fee to continue to receive scholarship funds. In order to maintain your level, you must participate in at least 20 hours of non-credit professional development per year. If you have any questions, please call **(973) 391-2633 ext.104**.

Have you applied to the NJ Registry before? (circle one) Yes No **If yes, what is your NJ Registry #?** _____

Mail my NJ Registry certificate to: Home Work

I am also applying for (optional): NJ Group Teacher Approval (minimum CDA or 15 college credits)
 NJ Head Teacher Approval (minimum of a bachelors degree)

This information is required and will be maintained as confidential. It will be used for statistical purposes only. You must attach a copy of your most recent pay stub.

Annual gross household income: \$ _____ **Salary:** \$ _____ **Circle one:** annual
Number of people in household: _____ hourly

Date of Birth: ____/____/____
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Sex: Male Female

Race (for census purposes only):

- American Indian or Alaska Native
- Asian Black/African American
- Hispanic/Latino Multiracial
- Native Hawaiian/Other Pacific Islander
- White Unspecified

Benefits offered through employment (check all that apply):

- Medical Dental Retirement
- Life Insurance Child Care Discount
- Paid Professional Development Time
- Other: _____

Languages Spoken (check all that apply):

- African Arabic Armenian Chinese Creole English French Greek Hebrew
- Hindi Italian Japanese Korean Laotian Persian Polish Portuguese
- Russian Spanish Tagalog Thai Tribal Urdu Vietnamese Yiddish
- Other (specify): _____

Primary Language: _____ Secondary Language: _____

Signature of Applicant

_____/_____/_____
Date

WORK EXPERIENCE

List **all** of your **child-related** experience in family child care, licensed center-based child care, afterschool care, public or private school employment, resource and referral agency employment, training/consulting, and college/university employment. **Attach additional sheets if necessary. You may also provide an updated resume with dates in month/day/year format (month and year are required).**

POSITION	PROGRAM/ ADDRESS/ CITY/STATE (list all)	FROM (mm/dd/yy)	TO (mm/dd/yy)	AGE GROUP SERVED
HEAD TEACHER (minimum bachelors degree)				
GROUP TEACHER/ PROGRAM LEADER (minimum CDA or 15 credits)				
ASSISTANT TEACHER				
FAMILY WORKER				
SCHOOL-AGE SUPERVISOR				
CHILD CARE CENTER/ SCHOOL-AGE DIRECTOR				
FAMILY CHILD CARE PROVIDER				
INSTRUCTOR OF ADULTS				
PRIMARY SCHOOL TEACHER				
OTHER				

NON-CREDIT DOCUMENTATION

Please mail a copy of your high school diploma, and any non-credit certificates from non-credit classes, workshops, or conferences which you have taken within the last five years. Also mail copies of any credentials (i.e. CDA, CCP, High Scope, First Aid, CPR) which you may hold along with this application.