

# CDA APPLICATION

**Complete the following application and mail to:**  
**Child Care Resource Network**  
**1000 Hertel Avenue**  
**Buffalo, New York 14216**

**Candidate Application**  
**Child Development Associate**  
*Please use blue or black ink and print clearly.*  
**Applicant Information**

Name	Soc. Sec. #
Address	City
State	Zip Code
Work Phone	Night Phone
E-mail Address	Cell Phone

Place of Employment	Dates:
Address	City
State	Zip Code
Work Number	E-mail Address
Type of Program Please Check One <input type="checkbox"/> Center Based Infant / Toddler <input type="checkbox"/> Center Based Preschool <input type="checkbox"/> Family/Group Family Care	Supervisor's Name
Years of Early Child Care Experience    _____  Ages Served    _____	Current Position:

**Early Care and Education Setting:**

**Please complete the following, using additional pages as needed.**

1. Describe your experience with young children

2. Write a personal statement describing your goals. Also include why you want to undertake the CDA training program.

***Proof of education must be submitted with this completed Application (copy of your high school diploma, GED, or college degree).***

**References:**

.	Name	Phone
Professional	.	.
Personal	.	.

The Director of (Facility Name) \_\_\_\_\_ has agreed to support my participation in the CDA Program by permitting me to attend training as paid workdays.

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that a \$50.00 non-refundable registration fee is required at the time of acceptance into the CDA Program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_