



## ***Child Development Associate (CDA)***

Registrations are accepted on a first come / first served basis and if selected, students will still need to pay a non-refundable registration fee: \$75.00

### **Please print legibly**

Name \_\_\_\_\_ Title \_\_\_\_\_

Employer \_\_\_\_\_

Is your program/position funded by:  Early Head Start  Preschool Head Start

Pre-Kindergarten  Other \_\_\_\_\_

How many children do you serve: \_\_\_\_\_  How many families do you serve: \_\_\_\_\_

If you're a Sheltering Arms employee, at which center are you currently employed? \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone (optional) \_\_\_\_\_ Home Phone (optional) \_\_\_\_\_

Preferred Email \_\_\_\_\_ Fax \_\_\_\_\_

### **I would like to register for the following GTI training classes and/or series**

#### **1. CHILD DEVELOPMENT ASSOCIATE (CDA)**

Class Date/Series Start Date \_\_\_\_\_ Tuition \_\_\_\_\_

### **Supervisor Commitment Statement & Signature**

I am committed to support this student in attending classes and completing course work. Supervisor's

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Payment – Course tuition must be paid in full BEFORE your class begins**

Total Tuition Amount: **\$1200.00**

Check (payable to Sheltering Arms)  Scholarship: Smart Start (if applicable): \$ \_\_\_\_\_

Visa  Discover  MasterCard

Name on the Card: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing ZIP Code: \_\_\_\_\_ \*\*CCV (3-Digit Security Code): \_\_\_\_\_

I will need CEU's (\$20 per class/series for non-Sheltering Arms employees)

**To Register:** ***By Fax:*** 404-523-9460, Attention: Shonnie G. Roberson

***By Mail:*** Sheltering Arms, Att. Shonnie, 385 Centennial Olympic Park Dr NW, Atlanta 30313

The power of education begins here.™