

Southeast Children's Fund Professional Development Institute

Application of Interest

PLEASE PRINT

Name: _____ Age: ____ SSN (last 4 digits) _____

Address: _____ City: _____ State: __ Zip: _____

Education (check all that apply): __H.S. Diploma __GED __BA __AA __Some College

Primary Language: _____ Native Country: _____

Citizenship Status: __U.S. Citizen __Resident __Other (explain) _____

Child Care Experience: __No __Yes If yes, number of years _____

Current Employment: __Child Care __Other __Unemployed __UI Benefits __TANF

Please explain your interest in studying for a Child Development Associate credential. _____

What age children are you interested in working with? __Infant/Toddler __Preschool __All

Please note that a criminal background check and a health clearance are required for enrollment in the CDA program. SCF will run a criminal background check on all applicants who do not have a recent criminal background clearance certificate. It is the responsibility of the applicant to obtain a health clearance at his/her own expense.

[] Copy of criminal clearance enclosed with the application

A \$25 nonrefundable application fee is required with this application, payable by money order payable to Southeast Children's Fund.

[] \$25 enclosed with this application

MAIL TO:

Southeast Children's Fund/Professional Development Institute
Attn: Director, Admission and Records
4224 6th Street, SE
Washington, DC 20032