



Creative Trainers & Consultants

The Leader in Educating Early Childhood Professionals

Child Development Director Credentialing Program APPLICATION FOR ENROLLMENT

DATE: _____

Mr. _____
 Name: Ms. _____ Home Telephone () _____
 Mrs. _____ Please Print Daytime Telephone () _____
 Cell Telephone () _____

EMAIL address: _____

Address: _____
 Street City State Zip

Social Security #: _____ Date of Birth: _____

Instructions:

1. Please complete all portions of this APPLICATION FOR ENROLLMENT (pages 1-4).
2. Type or print all information.
3. Include evidence of the following:
 Valid Driver's License showing you are at least 21 years of age;
 Copy of High School Diploma, GED and/or college transcript;
 Two years experience working in a licensed child care center or registered family or group home.
4. List Type of Program you are currently working in:
 _____ Registered family or group home;
 _____ Licensed child care center;
 _____ School district;
 _____ After school program;
 _____ Other—please specify what kind _____.
5. List of work history and personal references with current contact information (page 2).
6. Signed STATEMENT OF UNDERSTANDING AND ENROLLMENT AGREEMENT.
7. Deposit of non-refundable fee of \$100.00 to reserve space in one of the classes scheduled.
8. Total payment balance of \$400.00 is due and payable by first scheduled class.
9. If special arrangements must be made, approval needed from Judy Carnahan-Webb.
10. Mail completed Application for Enrollment Form and Deposit of \$100.00 to:

CREATIVE TRAINERS AND CONSULTANTS
 11927 Waldemar Drive
 Houston, Texas 77077-4954
 ATTENTION: Judy Carnahan-Webb
 (713) 480-9572 Fax (281) 679-1032 Email: judy@judycarnahanwebb.com

Website: <http://judycarnahanwebb.com> OR <http://creativetrainers.com>

Child Development Director Credentialing Program

(713) 480-9572 email: judy@judycarnahanwebb.com

Please write the information as you wish it to appear on your Credential:

Name: _____
Please Print

A. CURRENT EMPLOYMENT INFORMATION:

Name: _____ Phone # _____
School or Affiliation Current Contact Information

Work Address: _____
Street City State Zip Code

Supervisor: _____ Title: _____
Present Position Dates of Employment

B. PAST EXPERIENCE WORKING WITH CHILDREN:

(Please make certain information is current.)

(Most recent first)

1. Employer _____

Address: _____
Street City State Zip Code

Starting date: _____ Ending date: _____ Phone # _____

Supervisor: _____ Title: _____

2. Employer _____

Address: _____
Street City State Zip Code

Starting date: _____ Ending date: _____ Phone # _____

Supervisor: _____ Title: _____

C. EDUCATION

Name of School	City, State	Dates	Diploma/Degree
High School _____			
(or equivalent) GED _____			
College/University _____			

D. TWO PERSONAL REFERENCES (Please make certain information is current)

1. Name: _____

Address: _____
Street City State Zip Code

Phone # () _____ Relationship _____

2. Name: _____

Address: _____
Street City State Zip Code

Phone # () _____ Relationship _____

E. STATEMENT OF UNDERSTANDING AND ENROLLMENT AGREEMENT

As a participant enrolled in the CHILD DEVELOPMENT DIRECTOR CREDENTIAL PROGRAM conducted by CREATIVE TRAINERS AND CONSULTANTS, I will:

1. Meet eligibility criteria before course completion;
2. Attend and actively participate in all required components of the Program;
3. Make up any work missed with approved excused absences;
4. Complete coursework within a 6-month period;
5. Agree to and follow all the policies and procedures of the Program;
6. Notify Creative Trainers and Consultants of any changes in name, address or telephone number;
7. Notify Creative Trainers and Consultants when you have received the Director's/Administrator's Seal from the Texas Department of Family and Protective Services, assigning you as the Director of a Licensed Child Care Center or Registered Family or Group Home;
8. Pay the required fees according to the prescribed procedures of the Program before the credential is awarded;
9. Notwithstanding any other agreements, hold harmless and indemnify Creative Trainers and Consultants against any legal liability in respect to bodily injury, death and/or property damage while participating in the Program.

F. CREATIVE TRAINERS AND CONSULTANTS will:

1. Offer professional development and refresher opportunities year round;
2. Not discriminate on the basis of sex, race, color, religion, national origin or age;
3. Provide a current and quality PROGRAM in compliance with Texas Department of Family and Protective Regulatory Services Minimum Standards for licensed child care centers and child care homes;
4. Communicate all policy and procedural changes in writing and/or orally, as appropriate;
5. Maintain confidential participant's records on Access Data Base (accessible only to specified authorized individuals and Licensing);
6. Issue a Certificate of Credential upon the participant's successful completion of all Program requirements;
7. Issue a Renewal Certificate of Credential upon the participant's successful completion of all Program requirements;
8. Notify the Texas Department of Protective and Regulatory Services of any participant's suspension or revocation of Credential.

G. STATEMENT OF DISCLOSURE

I certify that:

1. I have never been convicted of a felony offense or misdemeanor classified as:
 - an offense against the person or family;

- a public indecency; or
 - a felony violation of any law intended to control the possession of any substance included as controlled substance in the Texas Controlled Substance Act.
2. I have completed all information required on this application form;
 3. I have provided the following as evidence:
 - _____ Valid Driver's License verifying date of birth;
 - _____ Copy of High School Diploma, GED and/or college transcript;
 - _____ Resume showing at least two years experience in a licensed child-care center or registered family or group home with current contact information.
 4. I have read and understand the STATEMENT OF UNDERSTANDING AND ENROLLMENT AGREEMENT;
 5. I have read and agree with the above requirements and certify that I have provided accurate and factual information.
 6. By signing below, I am acknowledging that all of the above information is complete and accurate.

Signature of Applicant _____
Date

For office use only below this box.

Statement of requirements checklist:

- _____ Completed 4 page Creative Years and Consultant's Application Form;
- _____ Copy of High School Diploma/G.E.D. or College Transcript;
- _____ Resume and contact information verifying 2 years of work experience;
- _____ Paid \$500.00 fee for course.
- _____ Contacted by telephone or email for approval to begin the class;
- _____ Certificate of Completion until all requirements are met.