



# CDA Course Application

Please complete all sections

## NAME/ADDRESS

Last	First:	Middle Initial:	Birthdate:
Address:			
City:	State:	Zip:	Telephone:
Email:			
Housing Program Name (where you are currently living):	Start Date:	Expected Exit Date:	

## EDUCATION

High School/GED	Name & Location of School		
	Years Attended (Diploma)	Graduated:	Years Completed
University/College Undergraduate	Name & Location of School		
	Years Attended (Degree)	Graduated:	Years Completed
Trade, Business or Correspondence School	Name & Location of School		
	Years Attended (Degree/Certification)	Graduated:	Years Completed

## EMPLOYMENT HISTORY

Employer		Job Title/Duties	
Address:			
Phone:		Starting Pay	Ending Pay
Date From(mm/yy):	Date to (mm/yy):	Reason for Leaving:	
Employer		Job Title/Duties	
Address:			
Phone:		Starting Pay	Ending Pay
Date From(mm/yy):	Date to (mm/yy):	Reason for Leaving:	
Employer		Job Title/Duties	
Address:			
Phone:		Starting Pay	Ending Pay
Date From(mm/yy):	Date to (mm/yy):	Reason for Leaving:	

## Demographic Information\*

Gender	Primary Language	Refugee? (Y/N)	Immigrant? (Y/N)
Race	Health Insurance? (Y/N)		Yearly/Hourly Income
Where do you typically access health services (primary care physician, emergency room, CAPN, etc.)?			Homeless? (Y/N)

*\*Demographic information has no impact on program admittance or program status*

Do you have a child that you are interested in enrolling in Our House's Early Childhood Education Program?  Yes  No

## REFERENCES

Please give the names and contact information for at least three people, **not relatives**, who are able to make statements about your prior work experience.

Name	Occupation
Address:	Relationship
Phone Number:	Years Known:
Name	Occupation
Address:	Relationship
Phone Number:	Years Known:
Name	Occupation
Address:	Relationship
Phone Number:	Years Known:

What are your professional and personal goals?

Briefly describe what you know about the Child Development Associate (CDA) Credential?

Describe your present level of experience working with children (other than your own). What are your likes and dislikes in regards to working with children?

Why would you like to be considered as a participant in the Our House CDA Program?
Once you've completed the class and obtained your credential, how do you plan to use this credential?

Once completed, please send your application to Michele Brown using one of the following methods:

1. Drop off the application to the front desk at either of our physical locations, C/O Michele Brown:
  - a. Decatur: 711 South Columbia Drive Decatur, GA 30030
  - b. Atlanta: 173 Boulevard Northeast Atlanta, GA 30312
2. Fax to 404-378-1060
3. Email to [mbrown@ourhousega.org](mailto:mbrown@ourhousega.org)