



Apprenticeship for Child Development Specialist

Apprentice Registration

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ONLY. COMPLETE, SIGN AND UPLOAD TO ACDS ORIENTATION.

Semester (Please Choose One) ☐ First ☐ Second ☐ Third ☐ Fourth			
Date:		ACDS Instructor:	
I. Identifying Information (required)			
SSN: XXX-X (last 5 digits) _ _ _ _ _	Date of Birth (mm/dd/yyyy) _ _ / _ _ / _ _ _ _	Maiden Name:	
First Name:	MI:	Last Name:	
Mailing Address:			
City:	State:	Zip:	County:
Primary Phone:	Accept Text Messages: ☐ Yes ☐ No	E-mail:	
Class Preference - ☐ Virtual (in-person unavailable) ☐ In-person County attending in-person: _____ Notice- Only counties/county clusters not offering in-person classes are eligible for virtual classes. Virtual classes are limited to 15 students.			
II. Employment Information (required)			
Work Site:		Supervisor/Mentor:	
Work Site Mailing Address:			
City:	State:	Zip:	Phone:
Hire/Start Date (mm/dd/yyyy):	Total Years of Experience Prior to ACDS:	Hours Worked Per Week:	
Job title (<i>choose one</i>): ☐ Administrator (owner, director, assistant director) ☐ Family Child Care/Facility Provider ☐ Substitute (teacher, aide) ☐ Teacher (lead teacher, co-teacher, head teacher) ☐ Assistant Teacher (teacher's aide/assistant) ☐ Non-teaching Support Staff ☐ Home Visitor ☐ Other			
Work site (<i>Choose the one that best fits your program</i>): ☐ Family Provider ☐ Head Start ☐ Public School ☐ Facility ☐ Child Care Center ☐ Pre-K ☐ Private Preschool ☐ Other			
Ages of children you work with (<i>Choose primary one</i>): ☐ Infants/Toddlers (Birth – 36 months) ☐ Preschool (36 months-Pre-K) ☐ School Age (K+)		Ages your work site serves (<i>Choose all that apply</i>): ☐ Infants/Toddlers (Birth – 36 months) ☐ Preschool (36 months -Pre-K) ☐ School Age (K+)	
Licensed tier status of work site (<i>choose one if applicable</i>): ☐ Tier I ☐ Tier II ☐ Tier III		Current hourly wage (<i>dollars and cents</i>): \$ ____ . ____	
Career linkage or direct entry: (<i>Choose one</i>) ☐ Adult ☐ None ☐ Youth ☐ Incumbent Worker ☐ School to Registered Apprenticeship			
III. Educational Information (required)			
Are you registered on the WV STARS Career Pathway/Registry? ☐ Yes ☐ No		What Level?	STARS #:
Highest level of education achieved when you began ACDS (<i>Choose One</i>): ☐ High School/GED ☐ Jr/Business College ☐ Some College Credit ☐ Bachelor's Degree ☐ CDA ☐ Vocational Classes ☐ Associate's Degree ☐ Other			
I ☐ have ☐ have not completed WVIT I before entering into ACDS.			

IV. Other Information (optional)	
Veteran status: ☐ Nonveteran ☐ Veteran	Race: (Choose One or More)
Gender: ☐ Female ☐ Male ☐ Undefined	☐ American Indian or Alaskan Native ☐ Asian
ACDS will make accommodations for students with learning disabilities. Do you require accommodations? ☐ Yes ☐ No	☐ Black or African American ☐ White
	☐ Native Hawaiian or Pacific Islander ☐ Hispanic or Latino
V. Emergency Contact Information (optional)	
Name:	Relationship to You:
Primary Phone:	Secondary Phone:
VI. Consent for Release of Information (optional)	
<i>My signature below indicates that I grant the Apprenticeship for Child Development Specialist (ACDS) program permission to publish photographs in support of the program. Photographs may appear in promotional materials, such as but not limited to the ACDS website, Facebook page and quarterly newsletter.</i> Signature: _____	

I understand that communication between my employer, my on-the-job supervisor(s), my ACDS instructors, and myself plays a vital role in evaluation, directions for classroom study, and program requirements. I give my consent for information about my course activities, progress, and job performance to be exchanged as needed among these parties. I understand the cost of the course is \$25.00 per semester and is due by the registration deadline. I cannot participate in the program without payment. Checks are to be made to River Valley Child Development Services (RVCDS). Credit and debit card payments can be made using the PayPal link or QR code located on the ACDS website. Payments are nonrefundable and non-transferable. Cash payments are not accepted. Information provided on this registration may be used for group data reports and aid community and state planning to increase the quality and services of the early care and education community.

Apprentice Signature

Date

ACDS
611 7th Avenue
Huntington, WV 25701
Email: wvacds@rvcds.org

Office Use
☐ Registration Fee Paid
☐ Orientation Complete
☐ Sent to Instructor

"This program is being presented with financial assistance as a grant from the West Virginia Department of Human Services and is administered by West Virginia Early Childhood Training Connections and Resources, a program of River Valley Child Development Services."

