



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)			
<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail:	
Class Preference - <input type="checkbox"/> Virtual (if available) <input type="checkbox"/> In-person County attending in-person: _____			
Notice- Counties not offering in-person classes will have preference in enrolling for virtual classes. Others will be enrolled in the order registration is complete. Students will be notified of their acceptance in virtual class. 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>):			
<input type="checkbox"/> Administrator (owner, director, assistant director)	<input type="checkbox"/> Family Child Care/Facility Provider	<input type="checkbox"/> Substitute (teacher, aide)	<input type="checkbox"/> Teacher (lead teacher, co-teacher, head teacher)
<input type="checkbox"/> Assistant Teacher (teacher's aide/assistant)	<input type="checkbox"/> Non-teaching Support Staff	<input type="checkbox"/> Home Visitor	<input type="checkbox"/> Other
Work site (<i>Choose the one that best fits your program</i>):			
<input type="checkbox"/> Family Provider	<input type="checkbox"/> Head Start	<input type="checkbox"/> Public School	<input type="checkbox"/> Facility
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Pre-K	<input type="checkbox"/> Private Preschool	<input type="checkbox"/> Other
Ages of children you work with (<i>Choose primary one</i>):		Ages your work site serves (<i>Choose all that apply</i>):	
<input type="checkbox"/> Infants/Toddlers (Birth – 36 months)	<input type="checkbox"/> Preschool (36 months-Pre-K)	<input type="checkbox"/> School Age (K+)	<input type="checkbox"/> Infants/Toddlers (Birth – 36 months)
			<input type="checkbox"/> Preschool (36 months -Pre-K)
			<input type="checkbox"/> School Age (K+)
Licensed tier status of work site (<i>choose one if applicable</i>):		Current hourly wage (<i>dollars and cents</i>): \$ ____ . ____	
<input type="checkbox"/> Tier I	<input type="checkbox"/> Tier II	<input type="checkbox"/> Tier III	
Career linkage or direct entry: (<i>Choose one</i>)			
<input type="checkbox"/> Adult	<input type="checkbox"/> None	<input type="checkbox"/> Youth	<input type="checkbox"/> Incumbent Worker
			<input type="checkbox"/> School to Registered Apprenticeship
III. Educational Information (required)			
Are you registered on the WV STARS Career Pathway/Registry?		What Level?	STARS #:
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Highest level of education achieved when you began ACDS (<i>Choose One</i>):			
<input type="checkbox"/> High School/GED	<input type="checkbox"/> Jr/Business College	<input type="checkbox"/> Some College Credit	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> CDA	<input type="checkbox"/> Vocational Classes	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Other
I <input type="checkbox"/> have <input type="checkbox"/> have not completed WVIT I before entering into ACDS.			

IV. Other Information (optional)	
Veteran status: <input type="checkbox"/> Nonveteran <input type="checkbox"/> Veteran	Race: <i>(Choose One or More)</i>
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Undefined	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian
ACDS will make accommodations for students with learning disabilities. Do you require accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Black or African American <input type="checkbox"/> White
	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> 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 before the first night of class. I cannot participate in the program without payment. Payments are to be made to River Valley Child Development Services (RVCDS). 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 Ave. Suite 208
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 Health and Human Resources and is administered by West Virginia Early Childhood Training Connections and Resources, a program of River Valley Child Development Services.

