



Apprenticeship for Child Development Specialist Semester Participation Application

Please type or print in blue or black ink. Complete, sign, and email to wwacds@rvcds.org.

Identifying Information	
Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Last First M.I. </div>	Birthdate: _____ <div style="text-align: center; margin-top: 5px;">Month/day/year</div>
Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Street Address Apt/Unit# </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px; margin-top: 5px;"> City State Zip </div>	Phone: _____ _____
Date: _____ Semester: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Check here if using WVIT I as credit for semester one. In what county is applicant attending class: _____ *Priority for virtual classes goes to county clusters not offering in-person options.	Email: _____ _____

Employer Information	
Employer: _____	Phone: _____
Supervisor: _____	Phone: _____
Employer Address: _____ Street Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> City State Zip </div>	Hours Worked Per Week: _____
Hire Date: _____ <div style="display: flex; justify-content: space-around; width: 80%; margin-left: 20px;"> Month Year </div>	Hourly Rate of Pay: _____
Age of children applicant teaches (choose primary one): <input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschool <input type="checkbox"/> School age	Ages served by employer (choose all that apply): <input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschool <input type="checkbox"/> School age

Job Title (choose one): <input type="checkbox"/> Administrator <input type="checkbox"/> Family Provider/Facility <input type="checkbox"/> Home Visitor <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Teacher <input type="checkbox"/> Other	Type of Program (choose one): <input type="checkbox"/> Family Provider/Facility <input type="checkbox"/> Head Start <input type="checkbox"/> Public School <input type="checkbox"/> Child Care Center <input type="checkbox"/> Private Preschool <input type="checkbox"/> Afterschool
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Education

Highest Level of Education prior to ACDS: <input type="checkbox"/> High school <input type="checkbox"/> College <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> CDA <input type="checkbox"/> Associate's degree <input type="checkbox"/> Some college credits <input type="checkbox"/> Other	WV STARS #: _____ WV STARS Level: _____
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Other Information

Veteran Status: <input type="checkbox"/> Nonveteran <input type="checkbox"/> Veteran	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Undefined
ACDS will make accommodation for students with disabilities. Do you have a physical or learning disability that requires classroom accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian

Emergency Contact

Name: _____ Phone: _____

Consent for Release of Information

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.

Signature of Applicant: _____

Payment Information

Payment has been made: Yes No

Payment will be made or has been made by Student Employer

* Please email a copy of the payment receipt to wvacds@rvcds.org.

Disclaimer and 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. Payments are to be made to River Valley Child Development Services (RVCDs). Debit and credit card payments can be made using the PayPal link or QR code located on the ACDS website. Cash payments are not accepted. Payments are non-refundable and non-transferable. 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.

Applicant's Signature _____ Date: _____

Submit to ACDS
611 7th Ave. Huntington, WV 25701
Email: wvacds@rvcds.org



WV ECTCR Funding Information - TCR-ECE is supported by federal funding passed through the West Virginia Department of Human Services: Federal award amount: \$4,727,547 (99.9% of program budget) State award amount: \$5,122 (0.1%). TCR-OMCFH is supported by state funding through the West Virginia Department of Health. TCR-HV is supported by federal funding passed through the West Virginia Department of Health: Federal award amount: \$225,000 (100% of program budget) State award amount: \$0 (0%).