Apprenticeship for Child Development Specialist

Apprentice Registration

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ONLY. COMPLETE, SIGN AND EMAIL TO WVACDS@RVCDS.ORG.

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:		E-mail:

Class Delivery: ☐ Virtual ☐ In-person County attending in-person: _____

Notice- Only students in county clusters not offering in-person classes are eligible for virtual classes.

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 *(choose **one**)*:

☐ 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 *(Choose the **one** that best fits your program)*:

☐ Family Provider ☐ Head Start ☐ Public School ☐ Facility
☐ Child Care Center ☐ Pre-K ☐ Private Preschool ☐ Other

Ages of children you work with *(Choose **primary one**)*:

☐ Infants/Toddlers *(Birth – 36 months)* ☐ Preschool *(36 months-Pre-K)* ☐ School Age *(K+)*

Ages your work site serves *(Choose all that apply)*:

☐ Infants/Toddlers *(Birth – 36 months)* ☐ Preschool *(36 months -Pre-K)* ☐ School Age *(K+)*

Licensed tier status of work site (*choose one if applicable*):
☐ Tier I ☐ Tier II ☐ Tier III

Current hourly wage *(dollars and cents)*: $ __ __. __ __

Career linkage or direct entry: *(Choose one)*

☐ 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 (*Choose One*):

☐ 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)

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: _____

VII. Payment Information (required)

Payment has been made ☐ Yes ☐ No
Payment will be made or has been paid by ☐ Student ☐ Employer
Payment will be made by ☐ Check made payable to RVCDS ☐ Card through PayPal ☐ Money order made payable to RVCDS
*Please email a copy of the payment receipt when payment is made, www.wvacds@rvcds.org.

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.

_____

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 Human Services and is administered by West Virginia Early Childhood Training Connections and Resources, a program of River Valley Child Development Services."