



# ***Child Care Answers Child Care Resource & Referral***

## ***4-part Non-formal CDA Class***

*Start date; location; and days of the week to be announced*

**Complete the attached Intake form and return it immediately!!!**

**We will contact you with additional information**

**\*\*We must have at least 20 people registered to start a class**

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- ◆ Class size is limited to 25 participants
  - ◆ The 4-Part (120 hours) CDA class takes 1 year to complete. The class meets 1 night a week for 3 hours
  - ◆ The cost of the course is \$1200, *you could qualify for a IAIEYC Non-formal CDA scholarship ~ YOUR COST if you qualify and based on scholarship availability is only \$100*
  - ◆ Complete and mail or fax in the enclosed intake form; you will be notified by phone or e-mail regarding class specifics
  - ◆ To qualify for the scholarship: you must be at least 18 years of age; be an Indiana resident; have a high school diploma or GED; and be working with children in a licensed, registered, or legally exempt childcare setting for 30 hours a week or more making \$18 or less as a director and \$15 or less as a teacher (documented by income verification)

*Complete the attached intake form and mail or fax it to:*

**CHILD CARE ANSWERS- ATTN: Vanessa L. Fletcher**

**615 N. Alabama, Ste. 300, Indianapolis, IN 46204**

**Fax #: (317) 687-6248**

## **Questions?**

**Call: Vanessa- (317) 636-5727, ext. 241**

**Email: [vanessaf@childcareanswers.com](mailto:vanessaf@childcareanswers.com)**

*Child Care Answers shall not discriminate against any applicant based on race, religion, sex, disability, national origin, or ancestry.*



2010

# NON-FORMAL CDA INTAKE FORM

615 N. Alabama St, Ste 300  
Indianapolis, IN 46204  
(317)631-4643 (800) 272-2937  
(317) 687-6248 Fax  
www.childcareanswers.com

**(\*PLEASE PRINT)**

\_\_\_\_\_  
Last Name First MI

\_\_\_\_\_  
Home Address City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Best Phone Number to reach you E-Mail Address

- ◆ Are you over 18 years of age? \_\_\_Yes \_\_\_No
- ◆ Do you have a High School Diploma or GED? \_\_\_Yes (**Attach a copy of your Diploma**) \_\_\_ No
- ◆ Type of CDA Credential that you are applying for (select only ONE):  
\_\_\_\_\_ Family Child Care  
\_\_\_\_\_ Center-based Infant/Toddler (0-36 months) \_\_\_\_\_ Center-based Preschool (3—5 years)
- ◆ Current Position (i.e. Infant Assistant Teacher, Director etc.) \_\_\_\_\_
- ◆ Age of the children in your classroom or Family Child Care Home \_\_\_\_\_
- ◆ Number of children in your classroom or Family Child Care Home \_\_\_\_\_
- ◆ What is your current rate of pay per hour? \_\_\_\_\_ How many hours a week do you work? \_\_\_\_\_
- ◆ **Family Child Care Providers Only:**
  1. What is the total amount paid to you by parents each week multiplied by 4.33? = \$ \_\_\_\_\_
  2. What is the total you receive monthly from the Child & Adult Food Program? \$ \_\_\_\_\_
  3. What is the monthly amount you receive from CCDF? \$ \_\_\_\_\_
  4. What are your total expenses for one month in your child care business? \$ \_\_\_\_\_

**I understand that completing this form does not guarantee that I will be enrolled in the CDA class or that I will receive a scholarship. This is the first step in the process; Child Care Answers will notify me with further directions.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Center/Home/Ministry Name Director's Signature

\_\_\_\_\_  
Address City State Zip Code

- ◆ Licensed or Registration # \_\_\_\_\_ Capacity of Children you are licensed for? \_\_\_\_\_
- ◆ Are you on Paths to QUALITY? \_\_\_YES \_\_\_ NO What Level \_\_\_\_\_ Are you Accredited? \_\_\_YES \_\_\_ NO

*The mission of Child Care Answers is to ensure that the children of today and tomorrow are cared for in a professional and nurturing manner and that every parent, child care provider and community leader know the importance of their roles in the development of children.*