The Lewis Chatman Academy Training Facility 1 Market Street Paterson NJ 07501 (973) 782-4225

Fax: (973) 977-2032

Email: tlcasite1@gmail.com

CDA Registration Form

Name of Registrant (Please Print)				
First Name	Middle Initial La	ast Name		
Address				
City	State	Zip Code		
Telephone Number				
Driver's License Identification Nun	nber			
Email				
	ployment Inform			
Employment	·			
Address				
City	State	Zip Code		
Work Telephone	Job Fax Number			
Position				
<u>Specifications</u>				
Center Base:	Family Child Ca	Family Child Care		
☐ Infant/Toddler	☐ Birth – 5 yea	☐ Birth – 5 years old		
☐ Preschool				
Do you have 480 hours working in	a childcare center? Yes	□ No □		
Do you need a place to volunteer to get the 480 hours in childcare? Yes \Box No \Box				

If you are volunteering at a childcare center, p	olease provide the i	nformation below.			
Name of Childcare Center					
Supervisor Name					
Address					
City	_ State	_ Zip Code			
Did you complete the 480 hours? Yes \square No \square					
How many hours have you completed?					
Education Background					
Ged/High School Diploma \square Associate Degree \square Bachelor's Degree \square Master's Degree \square					
How many years of experience in early childhood do you have?					
Are you registered at NJCCIS? Yes \square No \square					
NJCCIS#/PINJ#					
Tuition Cost is \$1850 which includes 3 books and the test.					
Payment Plan A \square Payment Plan B \square Payment Plan C \square					
Payment Methods					
Money Orders, Credit Cards, Cash, Checks, and Certified Checks/Bank Checks					
Insufficient funds will incur a \$65.00 fee.					