

Infant/Toddler Certificate SDCDA 200 REGISTRATION

Sanford Children's CHILD Services
1115 West 41st Street
Sioux Falls, SD 57105
605-333-0698 childsrv@siouxvalley.org

Cost:

SDCDA 200 – Total fee \$300.00
Registration - \$95.00
Tuition - \$205.00

Enrollment

Complete Steps 1 - 5

Step 1: Demographic Information—PLEASE PRINT

Name: _____

Home Address: _____

City: _____ State/Zip: _____

Date of Birth _____ Home Phone: _____

Email: _____

Center Name: _____

Work Address: _____ City: _____

State/Zip: _____ Work Phone: _____

Step 2: Choose Intent

- To complete the South Dakota Infant/Toddler Certificate** (45 hours SDCDA 200 course)
- To complete the South Dakota CDA** (State Infant/Toddler Certificate + Remaining 75 hours of SDCDA coursework)

Step 3: Choose Setting

- Center-based infant/toddler setting
- Family Child Care setting

Step 4: \$95.00 Registration Fee Enclosed

The \$95.00 registration fee is applied toward the total fee of \$300.00

Registration fee needs to be paid before you will receive books.

Cash or **Check #** _____ Please make checks payable to CHILD Services.

Please Initial _____

I understand that I am not officially enrolled in the SDCDA program and will not receive textbooks until the \$95.00 registration fee has been paid in full. I understand that I am ultimately responsible for the total cost of the SDCDA Program whether alternative financial assistance is verified. I understand that an Infant/Toddler Certificate will be issued when the tuition is paid in full.

Step 5: Choose Tuition Payment Option: *READ THOROUGHLY*

A. 100% Self Pay \$ _____

B. Self Pay/Employer Pay

1) Self Pay \$ _____

2) Employer Pay \$ _____

***Employer will make payments directly to CHILD Services**

**CHILD Services will send a "Letter of Intent to Pay" to the employer listed below. Until verification is received from your employer, you are responsible for all fees associated with the SDCDA program.*

Please Initial _____

Employer (if different than above) _____

Address _____ City/State _____ Zip _____

C. SDCDA Tuition Scholarship/Employer Pay

1) *SDCDA Tuition Scholarship \$ _____ (\$100 of SDCDA Scholarship can be applied)

No, Application not yet submitted

Yes, Application submitted ____/____/____

**Until verification is received from the Division of Child Care Services, you are responsible for all fees associated with the SDCDA program*

Please Initial _____

2) Employer Pay \$ _____

***Employer will make payments directly to CHILD Services**

**CHILD Services will send a "Letter of Intent to Pay" to the employer listed below. Until verification is received from your employer, you are responsible for all fees associated with the SDCDA program.*

Please Initial _____

Employer (if different than above) _____

Address _____ City/State _____ Zip _____

□ **D. SDCDA Tuition Scholarship/Self Pay**

1) *SDCDA Tuition Scholarship \$_____ (\$100 of SDCDA Scholarship can be applied)

- No, Application not yet submitted
- Yes, Application submitted ____/____/____

**Until verification is received from the Division of Child Care Services, you are responsible for all fees associated with the SDCDA program*

Please Initial _____

2) Self Pay \$_____

□ **E. 100% Employer Pay \$_____**

***Employer will make payments directly to CHILD Services**

**CHILD Services will send a "Letter of Intent to Pay" to the employer listed below. Until verification is received from your employer, you are responsible for all fees associated with the SDCDA program.*

Please Initial _____

Employer (if different than above) _____

Address _____ City/State _____ Zip _____

Signature: _____ Date: _____

OFFICE USE ONLY

Entered into CHILD Database; given to Peachtree Mgr: Initial _____ Date _____

Entered into Peachtree; returned to CDA Coordinator: Initial _____ Date _____

Payment Information Verified: Initial _____ Date _____