



REGISTRATION FORM – Spring 2019

Please complete this form as completely as possible. You will not be accepted into the program if information is missing.

MEMBER INFORMATION	Research ID: _____
<p>Name: _____ <small style="margin-left: 40px;">First</small> <small style="margin-left: 100px;">MI</small> <small style="margin-left: 100px;">Last</small></p> <p>Address: _____ _____ _____ <small style="margin-left: 20px;">(City)</small> <small style="margin-left: 100px;">(State)</small> <small style="margin-left: 100px;">(Zip Code)</small></p> <p>Phone: () - _____</p> <p>Email: _____</p> <p>Social Security: _____ <small style="margin-left: 40px;">(Required for Payment & Reimbursement Purposes)</small></p> <p><u>Current NYS Teacher Certification Status:</u></p> <p><input type="checkbox"/> Initial (Provisional) <input type="checkbox"/> Professional (Permanent)</p> <p><input type="checkbox"/> Study Plan (registered with Department of Health)</p> <p><input type="checkbox"/> None, explain: _____</p> <p>Will you be applying for other government or private financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p> <p>Did you apply OR do you plan to apply for New York State EIP money?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p> <p><input type="checkbox"/> Don't know about EIP</p>	<p>Are you a union member of DC 1707 Local 205?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p> <p>Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child Care Center: _____</p> <p>Center Director: _____</p> <p>Child Care Center Phone #: () - _____</p> <p>Current Job Title: _____</p> <p>How long have you been at your current job?</p> <p style="text-align: center;">_____ , _____ <small>(Years)</small> <small>(Months)</small></p> <p>What is the highest level of education you have completed?</p> <p><input type="checkbox"/> High School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Some College</p> <p><input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some Graduate Degree Credits</p> <p><input type="checkbox"/> Master's Degree in : _____ <small>(Name of University):</small> _____</p> <p>Do you have a college transcript? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If yes, please attach to this application)</i></p> <p>Do you have a foreign transcript from a non-American university? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;"><i>If Yes, has your transcript been validated and accepted by an accredited university?</i></p> <p style="margin-left: 40px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

EDUCATION PLAN

Name of University: _____

Program/Degree: CDA AA/AS BA/BS MA/MS.Ed. Other

Certification Goal: B-2 N-6 Assistant Teacher CDA

Student Type: Matriculating Non-matriculating Waiting on acceptance into program

Estimated Time to Complete Program/Degree: _____ Semesters Years

CAREER GOALS

1. What are your career goals?
2. What are your strengths? (i.e. hard-working/work ethic, punctual, passionate about children, etc.)
3. What barriers might prevent you from completing your coursework and, more broadly, your education?
4. What is your plan for how you will address those barriers?

I need help with the following: *(check all that apply)*

- Test Preparation for NY State Teacher Certification Exams (EAS, CST, edTPA, ALST)
- Writing skills necessary for class assignments (reports, essays, etc.)
- Using computers and software programs necessary for coursework
- Transportation to and from school
- Getting time off from work to attend class
- Finding child care so I can attend class
- Organization and time management skills
- Social support or life coaching
- Other issue: *(please explain)* _____

I confirm, to the best of my knowledge, that the information provided here is accurate and up-to-date. I understand that any misrepresentation of information may result in disqualification from the program.

Signature of ECCL Participant: _____ Date: ____/____/____

Name (Print): _____

Signature of ECCL Representative: _____ Date: ____/____/____

Name of Representative (Print): _____

FOR OFFICE USE ONLY	
REQUIRED Forms Attached:	
<input type="checkbox"/>	ECCL Program Agreement
<input type="checkbox"/>	CUNY FERPA Release OR <input type="checkbox"/> N/A (Attending Non-CUNY College)
<input type="checkbox"/>	Research Documents: <ul style="list-style-type: none">• Informed Consent Agreement• Pre-Program Survey• Audio/Video Release
<input type="checkbox"/>	DCCNY Photo & Video Media Release
<input type="checkbox"/>	Academic Transcript, if none please explain: _____
<input type="checkbox"/>	Other Attachments: _____