



Get Paid While Becoming a Certified Early Childcare Professional

If you are interested in starting a career in early childhood education, consider our hybrid—on -line, virtual training program at no cost to you!



The Community Connection Child Development Apprenticeship offers a Childcare Development Associate (CDA) Certification program that allows participants to complete the Florida Department of Education State Certification in 2 years and less than 2 years depending on experience and self-pacing. The CDA credential offers participants the opportunity to work in Infant Toddler Care, School Age Care, Family Childcare and Administration anywhere in the United States.

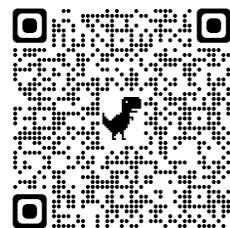


If you are interested, feel free to contact *CCSI TODAY!* .

Use the QR Code Here

Thank you,

Dr. Darryl Clare



Community Connection Services,
Inc. (239) 645-2217

geo_doctor@msn.com

www.ccsifl.org



Community Connection Services Childcare Development Apprenticeship

A Hands-on Approach for Early Childcare Professionals

Application Instructions

Dear Community Connection Childcare Development Apprenticeship Candidate:

Make sure you complete this 6 step Application Process!

1. Fill out the DOE State form. (If you already filled out the form go to step number 2).
2. Register online in(www.employflorida.com)
3. Go to (<https://careersourcesouthwestflorida.com/training-opportunities/>)
4. Complete the interest form and submit your information.
5. Wait to receive a call from a CareerSource representative within 2 business days.
6. If you have not heard from a CareerSource representative within 2 business days, call Africa Newby at (239) 931-8200 extension 1129.

She will then screen them and send your individual case file to a case manager who will then start their eligibility process with a personal interview.

Please complete this format so that you will be able to participate in the Childcare Development Apprenticeship for the Next Session.

If you have any additional questions, please feel free to contact me:

Dr. Darryl Clare

Community Connection Services, Inc. Phone: (239) 645-2217

Email: geo_doctor@msn.com



COMMUNITY CONNECTION SERVICES
CONNECTING RESOURCES TO EMPOWER COMMUNITIES



Florida Department of Education

Division of Career and Adult Education - Apprenticeship

To Be Completed by Dept. of Education)

[] **Canceled**
Date: ___ / ___ / ___ By: ___

[] **Completion Date**
Date: ___ / ___ / ___ By: ___

Apprentice I.D. #: _____

Program Sponsor #: _____ FL 70790

APPRENTICESHIP AGREEMENT: Between the Apprentice and the Apprenticeship Program Sponsor

THIS AGREEMENT, entered into this _____ day of _____, _____ between the parties to

COMMUNITY CONNECTION SERVICES CHILD CARE DEVELOPMENT represented as the

(Name of Local Program Sponsor's Registered Apprenticeship Standards)

Apprenticeship Sponsor and _____ hereinafter referred to as the

(PRINT: Full Legal Name of Apprentice)

APPRENTICE, and (if a minor) _____ hereinafter referred to as his/her GUARDIAN.

(PRINT: Parent or Guardian Name for Minors ONLY)

WITNESSETH THAT: The Program Sponsor agrees to be responsible for the selection, placement and training of said apprentice, as work is available, and in consideration said apprentice agrees diligently and faithfully to perform the work of said trade during the period of apprenticeship, in accordance with the registered standards of the Program Sponsor. The apprenticeship standards referred to herein are hereby incorporated in and made a part of this agreement. This agreement may be terminated by mutual consent of the signatory parties, only upon proper notification to the Registration Agency.

Warning: This Apprenticeship Agreement does not constitute an Apprenticeship Certification under Title 29, CFR, Part 5 for the employment of the Apprentice on Federally financed or assisted construction projects. Current Apprentice Certifications must be obtained from the Registration Agency's Servicing Representative.	Trade:	CHILDCARE DEVELOPMENT
	O*Net SOC Code:	RAPIDS Code:
	Term:	Probationary Period:
	Credit for Previous Experience:	Term Remaining:

Participating Employer: _____

Starting Wage: **\$10.00**

I, the above named APPRENTICE, with full knowledge of the provisions and my rights thereunder, do hereby expressly waive my rights under 20 USCA S1232g(b) which provides that a student's permission (or the permission of his/her guardian, if the student is under 18 years of age) is necessary before an educational agency or institution may disclose the student's education records to any source outside the school system. Permission to disclose my records (or my child's records) is specifically restricted to the disclosure of grades and attendance records to the Registration Agency for the purpose of evaluating my progress as an apprentice and further administering of the Florida Apprenticeship Program provided for under Chapter 446, Florida Statutes.

SIGN IN BLUE INK (Legal Signature of Apprentice)

(Street Address)

(City) (State) (Zip Code)

(If a Minor - Parent or Guardian Signature)

SIGN IN BLUE INK (Signature Representing Program Sponsor)

CEO | DIRECTOR
(Title)

1832 HANCOCK BRIDGE PKWY
(Mailing Address of Program Sponsor)

CAPE CORAL FL 33990
(City) (State) (Zip Code)

TO BE COMPLETED BY APPRENTICE (Please check or fill in items as appropriate) (* Indicates a REQUIRED FIELD) Remaining Fields are VOLUNTARY

1. Social Security Number (only used for training record identification) X X X X X	* 2. Date of Birth (xx/xx/xx) Month Day Year	* 3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Ethnic Group (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	5. Race (optional) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
6. Mark Highest Grade of Schooling Completed <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th to 12th grade <input type="checkbox"/> High School Equivalency <input type="checkbox"/> High School Graduate or Greater <input type="checkbox"/> Unknown <input type="checkbox"/> Post Secondary or Technical Training		7. Veteran (optional) <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	8. Career Connection (optional) <input type="checkbox"/> None <input type="checkbox"/> Preapprenticeship <input type="checkbox"/> Technical Training School <input type="checkbox"/> Military Veterans <input type="checkbox"/> Job Corps <input type="checkbox"/> YouthBuild <input type="checkbox"/> HUD/StepUp <input type="checkbox"/> Career Center Referral <input type="checkbox"/> School to Registered Apprenticeship	

9. Disability (optional) Yes No

"Discrimination on the basis of race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 40 years old or older against a student, employee or applicant in any education program, activity or employment is prohibited. Any information requested related to protected classes is used for state and federal reporting purposes only and will not be used in a discriminatory manner."

THIS AREA FOR DEPARTMENT OF EDUCATION USE ONLY

Registered by: Division of Career and Adult Education - Apprenticeship

(Registration Date)

Data entered by: Sponsor Registration Agency Authorized Official, Registration Agency / Date Approved