



## Child Care Administrator's Credential Application for Enrollment

Date: \_\_\_\_\_

Name:  Mr.  Mrs.  Ms. \_\_\_\_\_

HOME Phone: (\_\_\_\_) \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

HOME Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Dates of session registering for: (Month/Days/2021): May 26, May 27, June 2, June 3, June 9, June 10, June 16, June 17, June 23, June 24, June 30.

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*Participants must be at least 21 years of age and have a high school diploma or equivalent. It is highly recommended that participants have at least one (1) year work experience in a licensed child care facility.*

### Instructions:

1. Complete all portions of the **Application for Enrollment** (Please type or print all information.)
2. Carefully read the **Statement of Understanding and Enrollment Agreement** on page 2-3.
3. Sign the **Statement of Disclosure** on page 3.
4. Email to: [marmstrong@dfwjjobs.com](mailto:marmstrong@dfwjjobs.com)

**Your application must be received no later than 12:00pm (noon) on May 7, 2021.  
Selected participants will be notified no later than May 14, 2021.**

**A. Current Employment Information:**

Organization: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Present Position: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

**B. Past Work Experience: (Most Recent First)**

Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

**C. Education:**

	Name of School	City	State	Dates	Diploma/ Degree
High School (or equivalent)					
College or University					

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**D. Statement of Understanding and Enrollment Agreement**

*(Please read the following section carefully.)*

As a participant enrolled in the **Early Childhood Management Institute (ECMI)** conducted by Camp Fire USA First Texas Council, I will:

1. Attend and actively participate in all required learning components of ECMI.
2. Agree to and follow all the policies and procedures of ECMI.
3. Notify Camp Fire First Texas of any changes in name, address, or phone number.
4. Notwithstanding any other agreements, hold harmless and indemnify Camp Fire USA First Texas Council against any legal liability in respect to bodily injury, death and/or property damage while participating in ECMI.

5. Understand modules (full or part) missed will need to be made up on your own, within six (6) months and BEFORE final exam may be taken.
6. Understand that in addition to the ECMI credential, Minimum Standards requires two (2) years' experience in a licensed child care facility to meet director qualifications.

*Camp Fire USA First Texas Council will:*

1. Not discriminate on the basis of sex, race, color, religion, national origin, or age.
2. Provide a current and quality curriculum in compliance with Department of Family and Protective Services Minimum Standards for Licensed Child Care Centers.
3. Communicate all policy and procedural changes in writing and/or orally, as appropriate.
4. Keep participant records confidential (accessible to only specified authorized individuals).
5. Issue a Child Care Administrator Credential upon the participant's successful completion of ECMI requirements.
6. Issue a Renewal of Credential every 3 years based upon the participant's successful completion of renewal requirements.
7. Notify the Department of Family and Protective Services of any participant's suspension or revocation of Credential.

#### **E. Statement of Disclosure**

I certify that:

1. I have never been convicted of a felony offense or misdemeanor classified as:
  - an offense against the person or family,
  - a public indecency, or
  - a felony violation of any law intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substance Act.
2. I have read the **Statement of Understanding and Enrollment Agreement**.
3. The information given herein is true and correct to the best of my knowledge and belief.

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Signature of Applicant

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Date

Revised: 4.8. 2021

*Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.*