

LANSING COMMUNITY COLLEGE
HEALTH AND HUMAN SERVICE CAREERS
CHILD DEVELOPMENT PROGRAM

OFFICE USE ONLY

101____111____220 or 221 ____
Meet Requirements: _____
Approval Given: _____
Letter Sent: _____

**CHDV 251: CDA COMPLETION
APPLICATION FOR DEPARTMENT APPROVAL**

Date: _____ Semester desired: Fall: _____

Spring: _____

Eligibility: Students must have completed CHDV 101, and CHDV 220. Students not employed in regulated child care must take CHDV 284 to receive department approval for CHDV 251.

Name: _____ Student Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (home) _____ (work) _____

Do you currently work with children? Yes: _____ No:* _____

Email address: _____

If yes, where? _____ What is your role? _____

What are the ages of your children? _____

What CDA will you be applying for?

_____ Preschool Center Based

_____ Infant Toddler Center Based

_____ Family Child Care

*If not employed, please contact Jane Bobay at (517) 483-1521 to discuss placement before approval can be given.