

Candidate Application for Rochester Face-Face Class SAC Credential Prep Course

This application will be used to evaluate that your education and experience to determine that you meet the eligibility requirements and to assess your beginning level of competency in order to develop an individual training plan.

Please use blue or black ink and print clearly.

Applicant Information		
Name	Social Security Number	
Street Address		
City	State	Zip code
Home Phone	Cell Phone	Work Phone
E-Mail Address		

Current Work Must currently provide school-age care and work directly with children; must have had within past 3 years, at least 480 hours of experience working with school-age children in a NYS registered or licensed program.

Place of Employment	Dates	
Address		
City	State	Zip Code
Supervisors Name	Phone	

_____ SAC Candidates Name	_____ has my support to participate in the Credential program.
Supervisors Signature _____	Date _____

continued

About You:

What is your current role at work?

Why do you want to obtain the NYS School-Age Care Credential?

How do you expect that obtaining the NYS School-Age Care Credential forward your career?

What are your strengths as a school-age care professional?

What are areas and skills that you wish to acquire and/or develop as a school-age care professional?

Please check all that you have access to: _____ high speed internet
_____ digital camera

I certify that the information provided is accurate and true. I understand that falsifying any of the above information may result in my not being accepted into the New York State School Age Care Credential Program.

Signature _____

Date _____

Please return with \$100 registration fee (pays for books and is deducted from overall tuition fee) to:

Sally Crosiar
360 West Ave
Canandaigua, NY 14424