The Division of Child Care and Early Childhood Development, of the Virginia Department of Social Services, provides online courses for early/school-age care and education professionals. This catalog includes the following:

- List of online courses – available year round
- Additional Educational Opportunities
- Other Resources
- Virginia Professional Development Career Lattice

The VDSS training catalog may be viewed at www.ccwatraining.org/vdss.cfm

REGISTRATION OPTIONS

1. To Register for Classes by Mail
   - Fully complete the VDSS Class Registration Form on page 6 (one (1) form per participant).
   - REMINDER: Make a copy of the completed VDSS Class Registration Form for your records before you mail it!
   - Mail the form with your payment made payable to:

   COMMUNITY COLLEGE WORKFORCE ALLIANCE (CCWA)
   ATTN: Child Care Classes (WDCC)
   P.O. Box 85622
   Richmond, VA 23285-5622

2. To Register for Classes by Fax (Credit Card Payments Only!)
   - Fax your completed Registration Form (credit card payment information must be completed) to: (804) 371-3414

3. To Register ONLINE (Credit Card Payments Only!)
   - GO TO www.ccwatraining.org
   - Click on: VDSS-Child Care Training
   - Click the link “click here” and the course schedule page appears
   - Select your class or classes
   - Complete the Online Registration Form (credit card payment information must be completed)
   - Click Submit. (You will receive a receipt, information letter and a list of classes you have registered for in the mail within 5-7 business days)

COMPLETING ONLINE CLASSES

- You will receive an email* from the online learning system that will provide you with the link, your username and password.
- You have 30 days from the date of the email to complete your online class or classes.
- Once you have completed your class(es), you will be able to print a transcript and your certificate of completion.
- Endorsement information and forms are also available and can be printed from the learning system.

*If you have not received anything from CCWA within 7-12 days of submitting your registration, please call the CCWA office at (804) 523-2298 or email at vdssclasses@ccwa.vccs.edu

REFUNDS

To withdraw from a class, you must notify CCWA in writing. Refund checks come from the Virginia State Treasury office and generally will take six weeks to process.

CONTINUING EDUCATION UNITS (CEU)S

In addition to the clock hours you will earn for each class, all VDSS early/school-age care and education professional classes offer CEUs. The number of CEUs awarded depends upon successful class completion and varies according to clock hours. 0.1 CEU is awarded for each clock hour (e.g., a 4-hour class = 0.4 CEUs).

The Community College Workforce Alliance (CCWA) is a partnership between J. Sargeant Reynolds Community College and John Tyler Community College to serve the workforce and economic development needs of the region.
ONE REGISTRATION FORM PER PARTICIPANT

Name: Last: ________________________________ First: __________________________________ Full Middle: ______________________

Date of Birth: Month: ____________ Day: ____________ Year: ________________ Gender:  Male  Female

Former/Maiden Name, if any: Last: ________________________ First: ________________________ Full Middle: ______________________

Have you ever attended or been employed by a Virginia community college?  No  Yes   If yes, please provide your EMPLID:________________________

Racial/Ethnic group (optional):  American Indian  Asian or Pacific Islander  Black  Hispanic  White  Other: __________________

E-mail address: ________________________________________________________ Home phone: ( _______ ) ________________________

MAILING ADDRESS  Confirmation Letter Will Be Mailed to this Address (Please check one.)  Home  Business

Street: _________________________________________________________________________________________________________________

City: _________________________________________________________ State: ______________________________   Zip: _________________

City or County of Residence: _________________________________________________________________________________________________

Employer Business Name: __________________________________________________________________________________________________

Employer Business Phone: ( _______ ) __________________________ , Extension: __________ Business Fax: ( _______ ) _______________________

Employer Business Street Address: ____________________________________________________________________________________________

City: _________________________________________________________ State: ______________________________   Zip: _________________

COURSES  Please enroll me in the following early/school-age care and education professional course(s)

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<thead>
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<th>Course Number</th>
<th>Reg. No.</th>
<th>Course Title</th>
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PAYMENT INFORMATION

☐ Check (make payable to CCWA)  Check #: _____________________

☐ Credit Card  ☐ Visa  ☐ MasterCard  Credit Card #: _____________________ Expiration date: ______________

CVV number (3-digit security code found on the back of your credit card): _____________________

Cardholder’s name (please print): _____________________________________________________________________________________________

Agency/Corporate Card?  No  Yes  Employer name: ______________________________ EIN #: ______________________________

*Participant’s Social Security number: ______________ - ___________ - ______________

*SSN is required in order to register per Section 6050S of the Restructuring and Reform Act of 1998. The VCCS will only use your social security number in accordance with federal and state reporting requirements, and for identification and research purposes within the VCCS. It shall not permit further disclosure unless required or authorized by the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. Code 1232G, or pursuant to your obtained consent.

Mail the form with your payment made payable to:
Community College Workforce Alliance (CCWA), ATTN: Child Care Classes (WDCC), P.O. Box 85622, Richmond, VA 23285-5622 OR

Fax this form with credit card information to: (804) 371-3414

For questions, please call CCWA at (804) 523-2298 or email VDSSclasses@ccwa.vccs.edu.
To view the catalog, visit the Virginia Department of Social Services at www.dss.virginia.gov/family/cc/development_catalog.cgi.