

EMPLOYEE TRAINING/CDA PAYBACK AGREEMENT

I, _____, agree to pay back Beginnings and Beyond the total amount borrowed of \$_____ for the training I am taking. Payments will be deducted from my paychecks to total \$50 per paycheck until the total amount is paid in full.

Choose one training option:

_____ CDA CREDENTIAL TRAINING INFANT/TODDLER = \$269

**if this option is chosen you will still need to complete the portfolio without assistance on your own for LEAD TEACHER cert (not Assistant Teacher cert).*

_____ CDA CREDENTIAL TRAINING PRESCHOOL = \$269

**if this option is chosen you will still need to complete the portfolio without assistance on your own for LEAD TEACHER cert (not Assistant Teacher cert).*

_____ CDA CREDENTIAL TRAINING WITH PORTFOLIO ASSISTANCE INFANT/TODDLER = \$749 **this option is to work towards your LEAD TEACHER cert.*

_____ CDA CREDENTIAL TRAINING WITH PORTFOLIO ASSISTANCE PRESCHOOL = \$749 **this option is to work towards your LEAD TEACHER cert.*

NOTE THAT ALL OPTIONS AT THE END OF COMPLETION WILL REQUIRE THE CDA COUNCIL TO ASSESS YOUR COMPLETED PORTFOLIO. YOU WILL REQUIRE AN OBSERVATION COMPONENT AS WELL, AND AN EXAM. THE COUNCIL WILL CHARGE A \$425 ASSESSMENT FEE PLUS A \$20 APPLICATION FEE.

*I understand that I can earn a \$269 bonus back towards the cost of the training if my 120 clock hours are completed within 2 months of the registration date in which I was signed up for the course. This date is _____.

*The CDA Council assesses additional fees (assessment/application/exam) of approximately \$445. Beginnings and Beyond will pay for these fees. I, _____, agree to pay back Beginnings and Beyond all of the CDA fees, totaling _____, if my employment ends prior to 2 years after receiving my CDA from the Council (this date is: _____)

*Should I resign or my employment be terminated for any reason prior to paying back any training or CDA council fees, the remaining amount owed will be deducted from my final paycheck(s) in full.

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Username: _____

Password: _____

Date Registered: _____