Camp Fire
Early Childhood
Management Institute

# Child Care Administrator's Credential
# RENEWAL FORM

**Date**: _____

**Name**: ❑ Mr. ❑ Mrs. ❑ Ms. _____

**HOME** Phone: (  )_____ **Daytime** Phone: (  )_____

**CELL** Number: (  )_____

**HOME** Address: _____

**City**: _____ **Zip**: _____

**E-mail** address: _____ **County**: _____

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## Instructions:

1. Complete all portions of the **Renewal Form** *(Please type or print legibly all information)* and submit **prior to the expiration date of your credential** with the following:

   - **$150 renewal fee**
   - *Copy of current* **CPR certificate**
   - *Copy of current* **First Aid certificate**
   - **Training Summary Form** - list *(in chronological order)* training received in **Administration / Business Management** and **Child Development** since **issue date of your credential**
   - **Certificate copy** *(and any validation requirements provided on the certificate)* for each training listed on the **Training Summary Form.** ***A total of 90 clock hours of training is required to renew the credential*.** Self-study / online hours may not exceed 45 of the 90 required clock hours. Related college courses may count towards the 90 clock hours.

2. Mail to: **ECMI – Child Care Administrator's Credential**
   Camp Fire First Texas
   2700 Meacham Blvd.
   Fort Worth, TX 76137-4699

3. For further information call or email 817-831-2111, ext. 162, ECMI@CampFireFW.org

**A. Employment information for last 3 years:**

Center/Organization: _____ Phone Number: (___) _____

Address: _____

City: _____ State: _____ Zip: _____

Present Position: _____ Start Date: _____

Immediate Supervisor: _____ Title: _____

County: _____

Center/Organization: _____ Phone Number: (___) _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

Immediate Supervisor: _____ Title: _____

Center/Organization: _____ Phone Number: (___) _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

Immediate Supervisor: _____ Title: _____

**B. Has your position changed since you took the class?** _____

Please *explain* change: _____

_____

**C. Renewal Fee**

**Please indicate method of payment:**

1. Total renewal fee of $150 is enclosed.
2. Charge the total fee of $150 to my credit card.

Credit Card Information: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Card Number: _____ Expiration Date: _____

Name on Credit Card: _____ CVV2 Code: _____
*(Print)* *(From back of card)*

Signature of Cardholder: _____ Cardholder Phone #: _____

**Make check or money order payable to:** Camp Fire First Texas. **Do not send cash**.

## D. 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. The information given herein is true and correct to the best of my knowledge and belief.

_____ _____

Applicant Signature Date

Subscribed and Sworn to me on this _____ day of _____20____

*(Notary Seal)* Notary Public: _____

My Commission Expires: _____