How to Register for CDA On-Demand

https://store.teachstone.com/cda-on-demand/

Click the link above and it will bring you to the registration page for the CDA with CLASS On-Demand.



From here you will choose the "Course Type" which will be "Full Course". Then you will choose "Age Level":

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	COURSE TYPE: Required
Not sure if this is the right product for you? Give	AGE LEVEL: Required
us a call!	✓ Choose Options
	Infant-Toddler
877-401-8007	Pre-K
	Family Child Care

No start date is required for the CDA with CLASS On-Demand:

START DATE:			
Choose Options	~		

The Student Agreement must be checked and the link for the Student Agreement can be found in the product details:

STUDENT AGREEMENT: Required
✓ I HAVE READ AND AGREE TO THE STUDENT AGREEMENT FOUND
IN THE PRODUCT DESCRIPTION BELOW

Then select "Add To Cart".

Next, click "My Cart" and "Check Out Now":

My Cart 1	On-Demand - CDA with CLASS or Renewal - Starting at \$215.00 \$329.00
СНЕС	

Please note!! The Email Address must be your email address.

To set up your myteachstone account click on "sign in now". You will then choose to "create an account". Put in the your name and email address and set up a password. This password will be used to login into your account.

EMAIL				
			CONTINUE	
Already have an account? Sign in now	I			
Customer		Customer		
EMAIL		FIRST NAME	LAST NAME	
		EMAIL ADDRESS		
PASSWORD				
		PASSWORD		
Forgot password?	Create an account			

This address will be where your CDA textbook is shipped and should also be the information of the participant that is being enrolled:

SHIPPING ADDRESS	
FIRST NAME	LAST NAME
I	
COMPANY NAME	
PHONE NUMBER	
ADDRESS	
APARTMENT/SUITE/BUILDING (0)	otional)
CITY	
COUNTRY	
United States	~
STATE/PROVINCE	POSTAL CODE
Colored a state	

Be sure to uncheck this box if the billing address is not the same as the shipping address:

MY BILLING ADDRESS IS THE SAME AS MY SHIPPING ADDRESS.

The Billing Address can be the information of the institution which is paying for the program:

Billing			
	BILLING ADDRESS		
1	FIRST NAME	LAST	NAME
	COMPANY NAME (Optional)		
	PHONE NUMBER (Optional)		
	ADDRESS		
	APARTMENT/SUITE/BUILDING (Options	1)
	APARTMENT/SUITE/BUILDING (CITY	Options	}
	CITY COUNTRY Unded States	Optiona	1}
	CITY COUNTRY United States STATE/PROVINCE	Optiona	POSTAL CODE

For the MDHS ECCDI Scholarship Payment Program, please check the "MY BILLING ADDRESS IS THE SAME AS MY SHIPPING ADDRESS" box as the voucher covers the cost of the training, no bill will be sent. Apply the unique (voucher) code to the shopping cart and then click on Register" Once the voucher code is entered the total will become \$0.

ORDER SUMMARY		Edit Cart
1 Item		
	1 x On-Demand - CDA with CLASS Renewal - Startin \$215.00 Course Type Full Course Age Level Family Child Ci Student Agreement Yes	\$329.00 or g at
Subtotal		\$329.00
Shipping	1	
Sales Ta	ĸ	\$17.44
Coupon/Gif	t Certificate	
		APPLY
TOTAL (USD)	\$346.44