





## Program Completion Guide INFANT/TODDLER CARE (CERTIFICATE) (C55290) (ONLINE)

Student Name:		ID #:	Date of Enrolln	Date of Enrollment:	
Advisor Name:	Contact Information:				
A Criminal Background check may be require	d as a	condition of employment i	n the early childhood educat	ion field.	
Students must meet eligibility to take college Handbook for further information.	e-leve	l coursework through place.	ment tests or other measure	es. Please see the Student	
Infant/Toddler Care Certificate (C55290) Co	urse F	Requirements 16 credit hou	ırs:		
			Semester	Semester	
Courses	Cr.	Recommended Semester	Registered/Planned	Completed/Grade	
EDU 119 Intro to Early Childhood Education*	4	1 <sup>st</sup> year – fall			
EDU 131 Child, Family, and Community *	3	1 <sup>st</sup> year – fall			
EDU 144 Child Development I*	3	1 <sup>st</sup> year – fall			
EDU 153 Health, Safety, & Nutrition*	3	1 <sup>st</sup> year – spring			
EDU 234 Infants, Toddlers, & Twos*	3	1 <sup>st</sup> year – spring			
<b>NOTES:</b> *All courses must be completed with a grade **See course catalog for prerequisite and/or					
EDU 114 and EDU 119 have components of the is a free resource.  The courses listed on this program guide are to your advisor if you have taken courses at part of the North Carolina Articulation As	the c	ourses currently offered on er college or university. Ple	line through Richmond Com ase see the Student Handbo	munity College. Please speak ook for the courses, which are	
agreement governing transfer credits from N private universities. RichmondCC cannot gua	Vorth	Carolina community colleg	es to North Carolina public (	_	
Students please read the following and sign below. I understand that as an RCC student, I am ultimately res follow the established course sequence or my ability to My advisor has information regarding other colleges an understand that if I would like more information I can state to the sequence of the	gradua d trans	te on time may be affected. fer opportunities that I can invest			
Student Name:		Student Signature:		Date:	
Advisor Name:		Advisor Signature:		Date:	
Student Name:		Student Signature:		Date:	
Advisor Name:		Advisor Signature:		Date:	

Academic Year: 2025-2026 Revised 3/20/2025

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_\_

Advisor Name: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_