

Professional Development Workshop Registration Form



Complete and mail with payment to the Child Care Resources Inc. office where the workshop will take place.

Program Name		Director/Administrator Name		
Address	City	State	County	Zip Code
Phone Number	Fax Number		Email Address	
Type of Program (circle one): Child Care Center / Family Child Care Home / Center-In-A-Residence / School-Age Only / Public Pre-K / Part-Day Preschool / Head Start				
Program's Star Rating		Number of Children Enrolled		

Method of Payment: Amount Enclosed: _____

Check or Money Order
 • Make check or money order payable to Child Care Resources Inc.

Credit Card
 Card Type Visa MC Card Number _____ Expiration Date _____
 Card holder name _____ Signature _____

Please list the title and date of your workshop selection(s). Include name(s) of your attendee(s). *Limit to 3 participants per workshop.*
 Please make copies as needed to register for additional workshops.

Workshop Title: _____ Date: _____

Attendee Name(s)	Spanish Translation Needed?	# of Children in Care (0-4 yrs.)	# of Children in Care (5-12 yrs.)
1.			
2.			
3.			

Workshop Title: _____ Date: _____

Attendee Name(s)	Spanish Translation Needed?	# of Children in Care (0-4 yrs.)	# of Children in Care (5-12 yrs.)
1.			
2.			
3.			

Workshop Title: _____ Date: _____

Attendee Name(s)	Spanish Translation Needed?	# of Children in Care (0-4 yrs.)	# of Children in Care (5-12 yrs.)
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