

REGISTRATION FORM

*Mecklenburg, Cabarrus, Union counties only

Organization/Program Name: _____

Organization Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Organization Phone Number: _____ Fax Number: _____

Email Address: _____

Type of Program (circle one): Child Care Center / Family Child Care Home / Other _____

Please list the title and date of the training session selection(s). In order to register multiple participants, you must include their last name. Please make copies as needed to register additional participants or sessions.

TRAINING SESSION TITLE: _____ **Date of Session:** _____

Participant Name: (First, Last): _____

Participant Address: _____

Participant City: _____ State: _____ County: _____ Zip: _____

Participant Phone: _____ Email: _____

Position (Administrator/Teacher/Assistant): _____

Ethnicity (circle one) Caucasian / African American / Asian / Hispanic-Latino / Native American / Multi-Racial / Prefer not to give

Gender (circle one) M / F

____ # of children in care (0-3yrs) ____ # of children in care (3-5yrs) ____ # of children in care (5-12yrs)

Participant Age: ____ 15-19 years ____ 20-25 ____ 25-34 ____ 35-44 ____ 45-59 ____ 60-69 ____ 65 and over ____ Prefer not to give

TRAINING SESSION TITLE: _____ **Date of Session:** _____

Participant Name: (First, Last): _____

Participant Address: _____

Participant City: _____ State: _____ County: _____ Zip: _____

Participant Phone: _____ Email: _____

Position (Administrator/Teacher/Assistant): _____

Ethnicity (circle one) Caucasian / African American / Asian / Hispanic-Latino / Native American / Multi-Racial / Prefer not to give

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Check or money order made payable to Child Care Resources Inc., 200-B Regency Executive Park Drive, Suite 240, Charlotte, NC 28217 *Credit card payments accepted online only.