Professional Development Programs Registration Form

One name per form & please fill out completely

— ONLINE REGISTRATION —

If you would like to register for workshops online, please visit our website at childcareservices.org.

Registrant's First and L	ast Name <i>(please prin</i>	t)				
Home phone number			In what county do you work?			
Home address						
City			StateZip			
Email address			*Last four digits of your Social Security number			
Work phone number		Place	of employment			
Address of place of emp	loyment					
*Facility/Program License	e Status: (please check o	one) O License	d or ○ Unlicensed			
Facility type: (please chec		e) O Center O Family child care home O Public school pre-K O School-age program				
	O CCR & R	O Durham Pre-l	K Other (please s	pecify)		
Ethnicity: □ African-A				☐ Hispanic/Latino	☐ Multi-Racial	
☐ Native-An			☐ Prefer not to give			
Gender: □ Female	□ Male	□ Prefer n	not to give			
Your Age:				1		
☐ 15-19 years		our Job Title:		# of Children in You Work With: (Please give the number of children in each age group you work with.) Ages 0-3 years (0-35 months) Ages 3-5 years (36 months - K)		
☐ 20-24 years		Director				
☐ 25-34 years		☐ Assistant Direct				
☐ 35-44 years		☐ Program Coordi☐ School Age Gro				
☐ 45-54 years		☐ School Age Glo ☐ Family Child Ca	•		Ages 5-12 years (K-schoolage)	
☐ 55-59 years		☐ Child Care Tead				
☐ 60-64 years			/Aide/Floater/Substitute	☐ I do not work direc	☐ I do not work directly with children.	
□ 65 and over		□ Other				
☐ Prefer not to giv	10					
ŭ						
Name of Workshop or Seminar			County	Date of Workshop	Cost	
				Total enclosed \$.00	
Methods of payment:					.00	
Credit Card On-Line: h Payment by phone: Cre Payment in person (8ar	edit card only (919-403	3-6950)		Durham office:		
		•	(22300	1201 South Briggs A	ve., Suite 200,	
, ,	Child Care Services Association ATTN: Professional Development & Training 1201 S. Briggs Ave, Suite 200 Durham, NC 27703			Durham, NC 27703 Chapel Hill office: 1829 E. Franklin St., Bldg. 1000, Chapel Hill, NC 27514		

NO REFUNDS. Questions? phone: 919-403-6950 fax: 919-403-6959 email: professionaldevelopment@childcareservices.org

Advance payment is required. Faxed registrations alone will NOT reserve a space.

No children will be allowed in the workshops.