



Registration Form
Child Care Resources Inc.
Promoting Healthy Social Behaviors Initiative

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 / Center-In-A-Residence / School-Age Only / Public Pre-K / Part-Day Preschool / Head Start

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

Training Session Title: _____ **Date:** _____

Participant Name (s): First, Last: _____

Participant Address: _____

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

Participant Phone: _____ email: _____

Position (Administrator/Teacher/Asst): _____ Last 4 Digits of participants SSN: _____

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

Gender (circle one): M / F _____ # of children in care (0-4yrs) _____ # of children in care (5-12yrs)

1. Is English your first language? Yes No
2. Have you attended training on this topic before? Yes No
3. Current education level: HS/GED HS + some college 2-year degree 4-year degree or higher
4. How long have you worked in child care? _____

Training Session Title: _____ **Date:** _____

Participant Name (s): First, Last: _____

Participant Address: _____

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

Participant Phone: _____ email: _____

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Method of Payment: Check or Money order – payable to CCRI • 4601 Park Road., Suite 500 • Charlotte, NC 28209

Credit Card – Card Type: Visa MasterCard Amex Discover

Card Number: _____ Exp Date: _____

Cardholder Name: _____ Signature: _____