



REGISTRATION POLICIES AND PROCEDURES

How to Register

- Complete registration form. **NOTE:** Space is limited so register early.
- Enclose your payment or original signed EIP Award Letter

Payment Options

Up to 1 week prior to workshop

- Cash payments may be made at any council office during business hours.
Rochester—9 am to 5 pm Monday thru Friday
Lakeville and Newark—9 am to 5 pm Monday thru Friday
- Check or Money order in person or by mail
- Master Card or Visa in person, by mail, fax or email
- Original, signed EIP Award letter
- **Workshop fee is non refundable except if workshop is cancelled by Child Care Council.**
- ***There is a \$25.00 fee on all returned checks.***

Using an EIP Scholarship Award - (for licensed/registered Child Care programs only)

Please call— Linda Stilson, Financial Aid Consultant at (585) 654-4794
or Yolanda Bennett, Financial Aid Specialist at (585) 654-4798.

They will be happy to assist you in completing your EIP application.

They can also answer any questions you may have regarding the EIP award process.

You can apply directly 1-800-295-9616 or on-line www.tsg.suny.edu

Course Cancellations

Child Care Council, Inc. reserves the right to cancel courses due to

- severe weather. Cancellations will be announced on WHAM 1180 AM, WHEC TV 10, and WVOR 100.5 FM. and on a voice mail message at each of the council offices.
- insufficient registration

Students will be notified by phone call to the number listed on your course registration.

NOTE: It is your responsibility to contact the Finance Department,

Linda (585) 654-4794 or Yolanda (585) 654-4798, if you are unable to attend the workshop.



7th Annual Educational Conference

Name _____ Home Phone _____

Child Care Council Membership # _____ Work Phone _____

Home Address _____

City/Town _____ Zip _____

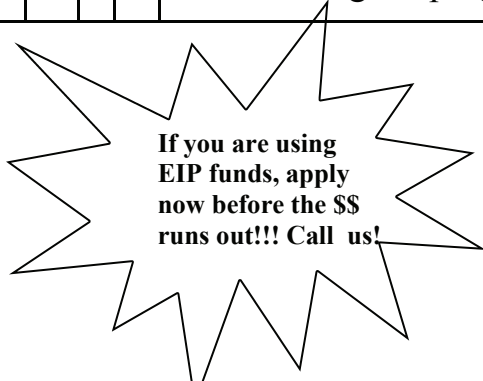
Business/Center/ School/Name _____

Email _____

- Family Child Care Home Group Family Child Care Home Legally Exempt Provider
 Child Care Center School-Age Child Care Program
 Elementary School Other _____

Course Fees: Member \$55.00 Non-Member \$75.00 Day of Event \$150.00

COURSE CODE 6 LETTERS	COURSE TITLE	COURSE DATE	LOCATION	COURSE FEE
N O B I T I	"No Biting and Successful Potty Training for programs"	04/28/12 5 hours	Diplomat Banquet Center	



**Please mail this form, with your payment to:
Child Care Council, Inc.
595 Blossom Road, Suite 120
Rochester, New York 14610**

Office Use Only

Check # _____ Cash _____

EIP award letter received: _____

PO completed for EIP reimbursement _____

Method of payment

Cash/Check payable to Child Care Council \$ _____

EIP Award # _____ \$ _____

Visa/Master Card \$ _____

Card# _____ V# _____

Name of Card Holder _____

Expiration date _____

Signature _____