COURSE REGISTRATION FORM

CHILD CARE COUNCIL
Your premier resource.

WE DO THAT!

Name _____ Home Phone _____
If your name has changed, please write your previous name below

_____ Work Phone: _____

Child Care Council Membership # _____ Email Address: _____

Home Address _____ Is this a change of address or contact?
___ Yes ___ No

City/Town _____ Zip _____

Business/Center Name _____ County _____

___ Family Child Care Facility ___ Group Family Child Care Facility ___ Legally Exempt Provider
___ Child Care Center ___ School-Age Child Care Program
___ Other _____

Home Language _____
Interpreting Services Requested ___ Yes ___ No

COURSE TITLE	COURSE DATE	LOCATION Lakeville Rochester Newark	COURSE FEE
Planning for Play and Learning in the Outdoors	3/14/2013	Rochester	$ 40.00
			$
			$

Registrations MUST be received at least one week BEFORE class

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

Attention: Finance Department

Method of Payment

Cash $ _____

Check # _____ $ _____

EIP Award # _____ $ _____

Child Care Council Voucher
(please enclose) $ _____

Visa/Mastercard $ _____
Card # _____
(Three digits from back of card) V# _____
Name of Card Holder _____
Expiration Date _____

Signature

Total Enclosed $ _____

Office Use Only

EIP technical assistance by: _____
Date

EIP Application Received _____
EIP Award Letter Received _____
PO Completed for EIP Reimbursement _____

Revised: February 2013