



CHILD CARE COUNCIL
Your premier resource.

Active Play Workshop Registration Form

Name _____ Home Phone _____

If your name has changed, please write your previous name below

_____ Work Phone: _____

email address _____

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

City/Town _____

Business/Center Name _____

- Family Child Care Home Group Family Child Care Home
 Child Care Center School-Age Child Care Program
 Head Start Program UPK Other _____
 Home Visitors Nursery School Teachers & Administrators _____

Home Language _____

Interpreting Services Requested Yes No

Please check which workshop you will be attending

OCFS categories F1/C1, F2/C2, F3/C3

One registration per form \$ 5.00 per session

Active Play Workshop 6pm - 9pm	8/4/2014	\$	5.00
Active Play Workshop 9am - 12pm	8/5/2014	\$	5.00

Registration deadline July 21, 2014 or when sessions fill

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

Method of Payment	
cash	\$ _____
check	\$ _____
Card # _____	V# _____
Name of card holder _____	
Expiration Date	_____
Signature	_____
\$	_____