



## ***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](http://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.**

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# Health Educational Conference

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Child Care Council Membership # \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

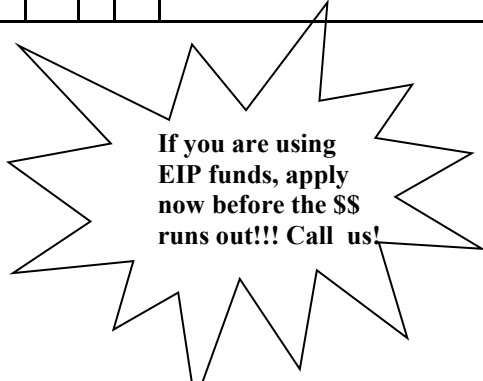
Business/Center/ School/Name \_\_\_\_\_

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 Fee:** \$30.00

COURSE CODE 6 LETTERS						COURSE TITLE	COURSE DATE	LOCATION	COURSE FEE
C	C	S	H	C	N	Caring for Children with Special Health Care Needs	09/26/2015 5 hours	Child Care Council	\$30.00



**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 \_\_\_\_\_