

CCK TRAINING REGISTRATION FORM

Please provide ALL INFORMATION REQUESTED and use one form per person.

Last Name	First Name	Date of Birth	Social Security Number
Home Address		City/Town	State Zip Code
Employer Name (or name of Child Care Program)			
Work Telephone	Cell Phone	E-mail address	
Work Address	City/Town	State	Zip Code
Does your program accept EEC child care subsidy vouchers?		[] Yes [] No	
Would you like more information on EEC child care subsidy vouchers?		[] Yes [] No thank you	
Provider Category:			
[] Family Child Care Provider	[] Administrator	[] School Age	
[] Group Child Care-Infant/Toddler	[] Group Child Care—Preschool	[] Public School	
[] Parent	[] Other _____		

The Department of Early Education & Care requires us to report the following information regarding your professional development. Please answer the questions below:

1. Are you in an Adult Basic Education (ABE) or English As a Second/Other Language (ESOL) program? [] yes [] no
2. Are you in a college degree granting program? [] Yes [] No
3. Do you have a college degree? [] Yes [] No
4. Are you a Child Development Associate (CDA) credential candidate? [] Yes [] No
5. Are you pursuing EEC qualifications? [] Yes [] No

Training Name	Date of Training	Amount

Payment Type: **MAIL CHECK & REGISTRATION TO CCK**
 Check or money order **1509 Hancock St. / Quincy, MA 02169**
 Credit Card Visa MasterCard

_____ - _____ - _____
 Credit Card Number Expiration Date - Zip Code of card holder - Signature of Cardholder

For Office Use Only:

Date Received: _____ Amount: _____

Check Number: _____ Credit Card Authorization: _____

Enrolled in Class: [] Yes [] No

Notes:

REMEMBER . . . ALL WORKSHOP FEES ARE TAX DEDUCTIBLE