

CCK TRAINING REGISTRATION FORM

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

 Last Name First Name 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:
 Check or money order
 Credit Card Visa MasterCard

**MAIL CHECK & REGISTRATION TO
 CCK
 1509 Hancock St. / Quincy, MA 02169**

 Name of Cardholder Expiration Date 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