



# child development council

## Training Registration Form

Print this form and mail it with your payment to:

Child Development Council  
609 West Clinton Street  
Ithaca, NY 14850

Workshop Name: \_\_\_\_\_

Workshop Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fee: \_\_\_\_\_

Workshop Name: \_\_\_\_\_

Workshop Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fee: \_\_\_\_\_

Workshop Name: \_\_\_\_\_

Workshop Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fee: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

### Care Type

- Family Child Care Provider
- Day Care Center Staff
- School-age Child Care Staff
- Other (please specify): \_\_\_\_\_

Message? Suggestions? Comments? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_