



Child Development Council Training Registration Form

To Enroll in Training, each individual **must** complete this form fully and carefully.
The following information is required in order to be enrolled in training.

First Name: _____ Last Name: _____
Home (Local if student) Address: _____
Street City State Zip
Name of Program/Provider _____ Type of Care _____ Lic/Reg # _____
(FDC, GFDC, NS, SACC, Center, Legally Exempt, Other)
Home(Cell)Phone: _____ *Birth Date: _____ *Five Digit Number : _____
MM/DD/YYYY
Email Address (recommended but not required) : _____

*Your birth date and a five digit number will be used to generate a random personal identification number for you in our training database. This information will be kept confidential. You cannot be enrolled in training without being registered and creating a personal ID number. This personal ID number can be used to allow CCR&R staff to access your training records and provide you with a training history/transcript that you can use to document training you have taken to meet OCFS requirements. In the future, you may also be able to access this information and enroll in training directly online.

Please send completed form and payment to: Child Development Council, 609 W. Clinton St., Ithaca, NY 14850

Name of Training	Date	Cost