



REGISTRATION FORM

Please help us keep your information up-to-date. Fill in all the fields below.

First Name: _____ Last Name: _____

Local Address: _____

Phone: _____ Email: _____

Primary Language: _____ Other Language: _____

Highest Level of Education: _____ Date Attained: _____

Current Employer: _____ Date Started: _____

Current Position: _____ License/Registration #: _____

Please check one: ☐ Info hasn't changed since last registration ☐ Info has changed.

Date	Name of Class	Training Cost

Total Payment Enclosed: _____

Early registration is highly recommended for all workshops. Registration is not complete until a registration form and payment are received. Total payment must be made by the early registration date of the first workshop you want to attend. We cannot refund registration fees or exchange workshops. You may transfer the workshop to another provider if you cannot attend. If the Council cancels a workshop due to low attendance, bad weather or some other unforeseen circumstance, we will make every effort to contact those who have been registered for the class and credit will be provided for use towards another workshop.

Please send completed form and payment to:

Child Development Council, 609 W. Clinton St., Ithaca, NY 14850
(For Ithaca training)

Or

Child Development Council, 111 Port Watson St, Cortland, NY 13045
(For Cortland training)

Child Development Council Early Childhood Training Program is partially funded by United Way

