



Complete both sides of this form and mail with payment to:
 Child Care Resource & Referral Network
 Attn: Linda Smith, Training Coordinator
 207 W. Jefferson, Suite 301
 Bloomington, Illinois 61701

The information requested on this application is required by the Dept. Of Human Services and is entered into the Data Tracking Program administered through the CCRRN. This information is confidential and is not released to outside agencies or vendors

September- December 2010 Mail in Registration Form THIS FORM MAY BE DUPLICATED

First Name _____ Last Name _____

Place of Employment _____

Work Address _____

City _____ State _____ Zip _____

Phone (Work) _____ (Home) _____

Home Address _____

City _____ State _____ Zip _____

Email Address _____

Please indicate you current position:

- Family Child Care Provider
- Assistant in a Family Child Care Home
- Center Director
- Center Assistant Director
- Center Teacher
- Center Assistant Teacher
- Other _____

What ages of children do you currently serve? Please check all that apply. *

- Infants (6 weeks-14 months)
- Toddlers (15 months-23months)
- Two Year Olds (24 months-35 months)
- Preschoolers (3years-4years)
- School Agers (5years and older)
- No Ages Served

*Directors/Assistant Directors: list all ages of children for which you provide direct care on a regular basis or check "No Ages Served" if you are not a lead teacher.

Is your program licensed through the Department of Children and Family Services (DCFS) Yes/No

Does your program currently serve children of the Child care Assistance/IDHS Program Yes/No

Check Box to Indicate Choice:

Title	Date	Cost	Location
<input type="checkbox"/> Program for Infant/Toddler Series	Sept.11-Oct. 23	\$20	CCRRN 5 th Floor
<input type="checkbox"/> Livingston County Trainings	September 20	FREE	Dave's Supermarket, Fairbury
<input type="checkbox"/> Level One Module 1	September 23	FREE	CCRRN 5 th Floor
<input type="checkbox"/> Taking Care of You	September 27	FREE	CCRRN 5thFloor

Title	Date	Cost	Location
Choice Time: Whose Choice Is It?	Tuesday, Sept. 21, 2010	Free	12:30pm – 2pm Webinar

My signature acknowledges that I have read and I understand the registration policies for Child Care Resource and Referral Network, including but not limited to:

Registration fees are non-refundable and non-transferable. I will receive a confirmation letter of my registration or a notice if the workshop is full/closed or cancelled if my registration is received 7 days before the training. A no-show indication is made on my training record if I fail to attend or cancel my registration at least 2 business days in advance of the scheduled training date. Certificates/In-service Hours/Credit are not available if I arrive late or leave early. Incomplete registrations cannot be accepted and payment must accompany registration form.

TOTAL AMOUNT ENCLOSED\$_____

All fees are non-refundable and non-transferable

Signature of Registrant

Date