Community Care for Kids
Training Department-4th Floor
1509 Hancock Street
Quincy, MA 02169
(617) 471-6473
Fax (617) 773-5860 (Credit Cards Only

Use this form for all:

Licensing Courses
Trainings (including CPC workshops)
College Courses
CPR/First Aid and CPR Renewal Courses
CEU Courses

Community Care for Kids TRAINING REGISTRATION FORM

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

Participant Name: _____ Soc. Sec. #_____
Last First M.I.

Mailing Address: _____
House Number & Street City/Town State Zip Code

Home Phone: (____)_____ Cell Phone: (____)_____
Area Code Area Code

Workplace Data: _____
Place of Employment

Work Address: _____
Number & Street City/Town State Zip Code

Work Phone: (____)_____ Email Address:_____
Area Code

Please check all that apply

Our Program accepts EEC subsidy vouchers Our Program Participates in Community Partnerships for Children (CPC) for the community of:_____

Provider Category

Administrator Family Child Care Group Child Care-Infant/Toddler Group Child Care-Preschool
School Age Child Care Public School Other : Parent

PLEASE REGISTER ME FOR THE FOLLOWING COURSES:

Training Date (month/day)	Training Location (Town listed)	Full Training Name	Amount enclosed or to be charged to credit card
			$
			$
			$
			$
			$
		Total	**$**

Payment by: Check No. _____ Cash or Money Order_____ Credit Card _____ (Please complete below)

Type of Credit Card (Visa or MasterCard Only No Debit Cards)_____ Card Number: _____

Expiration Date: ____/_____/_____ Zip Code of Cardholder:_____ Signature: _____

Registration Fees are Non-Refundable.

Confirmations are mailed if your registration is received at least 10 days prior to the date of the workshop/course.