

Child Care Resource & Referral

Class Registration Form

(must be accompanied with payment)



Please do NOT use this form to register for conferences or for online classes.
Only one registration form per person, per class!

Name	Day Phone	Evening Phone
Home Address		
City	State	Zip
E-mail address		
Professional Affiliation: (check one)	<input type="checkbox"/> Center or Pre- School Staff (specify center name)	<input type="checkbox"/> Family Child Care Provider
<input type="checkbox"/> ECFE/ECSE	<input type="checkbox"/> Head Start	<input type="checkbox"/> School-Age Care Staff
<input type="checkbox"/> Family, Friend, or Neighbor Caregiver	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Foster Care Provider

Personal Information: We are committed to creating and promoting an accessible child care professional development system. The information collected below is important in helping us track the participation of people of different cultures and ethnic groups in CCR&R classes. This information will only be used for tracking, planning and funding purposes.

Gender (check one)	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Race/Ethnicity (check one)	<input type="checkbox"/> White/European American	<input type="checkbox"/> African -American
<input type="checkbox"/> African- Ethiopian	<input type="checkbox"/> African-Sudanese	<input type="checkbox"/> African-Eritrean
<input type="checkbox"/> Hmong	<input type="checkbox"/> Lao	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Chicano
<input type="checkbox"/> Other Latino	<input type="checkbox"/> European Immigrant	<input type="checkbox"/> Multi-Racial
Languages Spoken (check all that apply)	<input type="checkbox"/> English	<input type="checkbox"/> Spanish
<input type="checkbox"/> Lao	<input type="checkbox"/> Russian	<input type="checkbox"/> Ojibwe
<input type="checkbox"/> Arabic	<input type="checkbox"/> Hmong	<input type="checkbox"/> Other African
<input type="checkbox"/> Other European	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Cambodian
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Other Language	<input type="checkbox"/> Somali
		<input type="checkbox"/> Dakota
		<input type="checkbox"/> Other American Indian
		<input type="checkbox"/> Serbo/Croatian

Workshop Title :	Workshop Date	Workshop Fee
		\$
	Total	\$
Master card #		
Expiration Date		
Signature		<input type="checkbox"/> Check or money order Enclosed

Thank You for Choosing Child Care Resource & Referral!