

Professional Development & Training

Registration Form

One name per form & please fill out completely

Registrant's First and Last Name *(please print)* _____
 Home phone number _____ In what county do you work? _____
 Home address _____
 City _____ State _____ Zip _____
 Email address _____ *Last four digits of your Social Security number _____
 Work phone number _____ Place of employment _____
 Address of place of employment _____

FACILITY/PROGRAM DATA-please complete this section

Facility/Program License Status: *(please check one)* Licensed or Unlicensed

Facility type: Center Family child care home Public school pre-K School-age program Durham Pre-K
 Other *(please specify)* _____

Ethnicity: African American Asian Caucasian Hispanic/Latino Multi-Racial Native-American Other
 Prefer not to give

Gender: Female Male Prefer not to give

Your Age:

15-19 years 20-24 years 25-34 years 35-44 years 45-54 years 55-59 years 60-64 years
 65 and over Prefer not to give

Your Job Title:

Director Assistant Director Program Coordinator School Age Group Leader Family Child Care Home Provider
 Child Care Teacher Assist. Teacher/Aide/Floater/Substitute Other

Number of children in age group you work with: *(please give the number of children):*

_____ ages 0–3 years _____ ages 3–5 years _____ ages 5–12 years _____ I do not work directly with children

Name of Workshop or Seminar	County	Date of Workshop	Cost

Methods of payment:

Credit Card On-Line: <http://www.earlyyearsnc.org/ps/training.html>

Payment by phone: Credit card only (919-403-6950)

Payment in person (8am-5pm): at the Durham or Chapel Hill offices

Payment by mail:

Early Years
 ATTN: Professional Development & Training
 1201 S. Briggs Ave, Suite 200
 Durham, NC 27703

• **Advance payment is required.** Faxed registrations alone will NOT reserve a space.

• **No children will be allowed in the workshops.**

NO REFUNDS. Questions? phone: 919-403-6950 fax: 919-403-6959 email: professionaldevelopment@earlyyearsnc.org