



Training Registration Form

Name: _____ Zip: _____

Center: _____ County: _____

Street: _____ Phone: _____

City: _____ Email: _____

State: _____ Gateways Registry #: _____

I am a... (please circle one):

- | | | |
|----------------------------|---------------------------|--------------------------|
| 1) Family Child Care Owner | 2) Center Director | 3) Center Staff (Assist) |
| 4) Family Child Care Staff | 5) Center Staff (Teacher) | 6) Other: _____ |

Please Register Me For The Following Workshops:

Date	Training	Course ID #	Online Y/N?	Cost

Method of Payment:

Amount Enclosed:

Amount in Training Coupons:

Please send payment along with this completed registration to:

CCCC training
 Community Child Care Connection
 901 S. Spring Street, Suite B
 Springfield, IL 62704

Please Note

If you have already completed 5 hours of free online training within the last 12 months, you will be charged \$7.00 per credit hour.