**CHILD CARE SERVICES TRAINING REGISTRATION**

**SESSION INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Session Title: | |  | | | | | Session Date: |  |
| Fee: | $ | | /participant | **OR** | $ | /class | | |

**Contact Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | Title: | | |  | | | |
| Organization: | | |  | | | | | | | | | | | |
| Select (x) if your organization is a: | | | | |  | CCS Provider | | | |  | | Texas Rising Star Provider | | |
| Address: |  | | | | | | | | | | | | | |
| City: |  | | | | | | State: | |  | | | | ZIP Code: |  |
| E-Mail Address: | | | |  | | | | | | | | | | |
| Phone Number: | | | |  | | | | | | | | | | |

**PARTICIPANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Names(s) of Participants (Type or Print Clearly): | | | |
| 1. |  | 5. |  |
| 2. |  | 6. |  |
| 3. |  | 7. |  |
| 4. |  | 8. |  |

|  |  |
| --- | --- |
| **TOTAL AMOUNT ENCLOSED:** | $ |
| (Make Check or Money Order Payable to Child Care Services) | |

|  |  |  |
| --- | --- | --- |
| **SEND COMPLETED FORM(S) TO:** | | **SEND PAYMENT TO:** |
| By Mail:  Child Care Services  ATTN: Training Coordinator  1416 S. New Road  Waco, Texas 76711 | By FAX:  (254) 753-6355  By Email:  ccstrainings@hotworkforce.com | Child Care Services  1416 S. New Road  Waco, Texas 76711 |