**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 Coordinator1416 S. New RoadWaco, Texas 76711 | By FAX:(254) 753-6355By Email:ccstrainings@hotworkforce.com | Child Care Services 1416 S. New RoadWaco, Texas 76711 |