



# Child Care Resource & Referral Training Registration Form and Requirements

Participant's Name/Program (please print): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ County of Employment: \_\_\_\_\_

Email Address: \_\_\_\_\_

- ◆ **Advance payment is required.** Registrations will **NOT** be confirmed until payment is received.
- ◆ If your payment is received after a workshop is closed, or if a workshop is cancelled, you will be notified.
- ◆ In consideration of presenters and participants, **please arrive early enough to begin the workshop on time.** You will not receive full credit if you arrive more than 15 minutes after the workshop has begun.
- ◆ Training credit can only be issued for completed workshops. **If you choose to leave a workshop early, no credits can be issued.**
- ◆ **Children do not belong at workshops.** Please make arrangements so you and other participants can focus and learn, and your child does not have to suffer from sitting still and being quiet for an inappropriate amount of time.
- ◆ If you register for **FREE** workshops, **please plan to attend** or cancel at least 2 days prior. This will prevent us from making extra copies of handouts and certificates and allow people on waiting lists to attend.
- ◆ If you cannot attend a pre-paid workshop, please call us to have your fee applied to another workshop of your choice. **You must call and cancel your attendance within two days of the training. Refunds will not be issued.**
- ◆ An additional fee may be required to earn **CEU** credit for approved workshops. Please see workshop description for CEU information.

Name of Workshop: \_\_\_\_\_ Date of Workshop: \_\_\_\_\_

CEU Credit? Yes \_\_\_\_\_ (please include additional fee, if required) Cost: \_\_\_\_\_

Programs registering more than 1 person – please list individuals:

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Total Amount Enclosed: \_\_\_\_\_ Cash or Check: \_\_\_\_\_

**Payments may be made in person** (Monday thru Thursday - 8:30 am to 5:00 pm & Friday - 8:30 am to noon) at:

**Children & Youth Partnership Office  
534 Ananias Dare Street  
Manteo, NC 27954**

Payments made by mail ..... 534 Ananias Dare Street, Manteo, NC 27954

Registration by phone ..... 252-441-0614

Questions ..... [cypecs@darekids.org](mailto:cypecs@darekids.org)

For more information visit ..... [www.darekids.org](http://www.darekids.org)

Receipt # \_\_\_\_\_

(CYP Office Use Only)