



# 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.**
- ◆ **Young children do not belong at workshops.** We strongly suggest that you make arrangements so you, other participants and presenters can focus, **and** your child will not have to suffer from sitting still and being quiet for an inappropriate amount of time. (Bringing children should be a last resort, and if disruptive, you may be asked to leave).
- ◆ 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.

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 4:30 pm & Friday - 8:30 am to noon) at:

**Children & Youth Partnership for Dare County**  
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)*