



Dare 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.** 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. Please see workshop description for CEU information.

Following guidance from the CDC, people who are not vaccinated should wear a mask and maintain distance in all indoor public settings.

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) or mail to:

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

Questions 252-441-0614 or bbrumbeloe@darekids.org
Register and Pay Online <http://darekids.org/events>

Receipt # _____

(CYP Office Use Only)