



# Professional Development & Training

## Registration Form

\*\*\*One name per form & please fill out completely\*\*\*

Registrant's First and Last Name *(please print)* \_\_\_\_\_  
 Home phone number \_\_\_\_\_ In what county do you work? \_\_\_\_\_  
 Home address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email address \_\_\_\_\_ \*Last four digits of your Social Security number \_\_\_\_\_  
 Work phone number \_\_\_\_\_ Place of employment \_\_\_\_\_  
 Address of place of employment \_\_\_\_\_

**FACILITY/PROGRAM DATA**-please complete this section

Facility/Program License Status: *(please check one)*  Licensed or  Unlicensed

Facility type:  Center  Family child care home  Public school pre-K  School-age program  Durham Pre-K  
 Other *(please specify)* \_\_\_\_\_

Ethnicity:  African American  Asian  Caucasian  Hispanic/Latino  Multi-Racial  Native-American  Other  
 Prefer not to give

Gender:  Female  Male  Prefer not to give

**Your Age:**

15-19 years  20-24 years  25-34 years  35-44 years  45-54 years  55-59 years  60-64 years  
 65 and over  Prefer not to give

**Your Job Title:**

Director  Assistant Director  Program Coordinator  School Age Group Leader  Family Child Care Home Provider  
 Child Care Teacher  Assist. Teacher/Aide/Floater/Substitute  Other

**Number of children in age group you work with:** *(please give the number of children):*

\_\_\_\_\_ ages 0–3 years \_\_\_\_\_ ages 3–5 years \_\_\_\_\_ ages 5–12 years \_\_\_\_\_ I do not work directly with children

Name of Workshop or Seminar	County	Date of Workshop	Cost

**Methods of payment:**

**Credit Card On-Line:** <http://www.earlyyearsnc.org/ps/training.html>

**Payment by phone:** Credit card only (919-403-6950)

**Payment in person (8am-5pm):** at the Durham or Chapel Hill offices

**Payment by mail:**

Early Years  
 ATTN: Professional Development & Training  
 1201 S. Briggs Ave, Suite 200  
 Durham, NC 27703

- **Advance payment is required.** Faxed registrations alone will NOT reserve a space.
- **No children will be allowed in the workshops.**

**NO REFUNDS.** Questions? phone: 919-403-6950 fax: 919-403-6959 email: [professionaldevelopment@earlyyearsnc.org](mailto:professionaldevelopment@earlyyearsnc.org)