



# Child Care Choices of Boston Workshop Registration Form

Please fill out one registration form per participant

Please Print Name: \_\_\_\_\_

Please Print Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_ Email: \_\_\_\_\_

*We send confirmation notices only by email; if you don't have one, you won't receive confirmation.*

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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

Position: \_\_\_\_\_

Birth date:      Month      Day      Year  
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*We are now asking for birth dates - our database creates a unique ID number based on your birth date.*

What Program/Age group do you work with?

- |  |  |
|--|--|
| <input type="checkbox"/> FCC Educator Independent/System | <input type="checkbox"/> Child Care Center |
| <input type="checkbox"/> Infant (0 - 15 months)          | <input type="checkbox"/> School Age        |
| <input type="checkbox"/> Toddler (15 - 2.9 months)       | <input type="checkbox"/> Preschool         |

1) Workshop: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Fee: \_\_\_\_\_

2) Workshop: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Fee: \_\_\_\_\_

3) Workshop: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Fee: \_\_\_\_\_

Please check form of payment:

Total Amount: \$ \_\_\_\_\_

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

(Do Not Mail Cash)

Check # \_\_\_\_\_

Money Order # \_\_\_\_\_

**We do not accept registrations over the phone**

**Payments are not refundable unless CCCB cancels a workshop**

**If you are 15 minutes late, you must register for the next available workshop**

**CHILDREN, FAMILY MEMBERS AND NON-REGISTERED GUESTS ARE NOT ALLOWED IN WORKSHOPS**

**\* Participant's Signature Required: \_\_\_\_\_ \***

Please return with check/money order to:  
Attention: Training Department  
Child Care Choices of Boston 8<sup>th</sup> Floor  
105 Chauncy Street,  
Boston, MA 02111

CCCB Training Department  
Telephone 617-348-6381 (Norma)  
Fax: 617-457-3761  
Email: pizarro@bostonabcd.org