



Child Care Choices of Boston

Training Application Form

Please fill out one application 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) _____

Program's Name: _____ Program #: _____

Note: All Early Educators are mandated to register in EEC's Professional Qualification Registry. If you are registered what is your PQ #: _____. If you are not registered go to the following link to register.

<https://www.mass.gov/eec> Click on Professional Qualification Registry

Position: Educator: Educator Assistant: Place of Employment: _____
ASSISTANTS ONLY

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) Training: _____ Date: _____

Location: _____ Fee: _____

2) Training: _____ Date: _____

Location: _____ Fee: _____

Please indicate form of payment:

Total Amount: \$ _____

Cash Receipt # _____
(Do Not Mail Cash)

Check # _____

Money Order # _____

We do not accept application over the phone
Payments are not refundable unless CCCB cancels training
Please be respectful to all participants by arriving on time. Your training hours
will decrease when you are late.

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

**** Participant's Picture ID Required:** License Passport

***Participant's Signature required:** _____ *

Please return & make check/money order to:

Child Care Choices of Boston
 Attention Training Department
 105 Chauncy Street.
 Boston, MA 02111