



Child Care Choices of Boston

Orientation Registration Form

Please fill out one registration form per participant

Please Print Name: _____

Please Print Address: _____

City and Zip: _____

Phone: (Home) _____ (work) _____

Email: _____

(Email is important – we send confirmation notices only by e-mail; if you don't have one, you won't receive confirmation)

Month Day Year
Birthday: - -

Are you planning to be: a licensed provider? * a certified assistant?

* *If you are planning to be a licensed provider, you need to bring to the orientation the Potential Provider Meeting (PPM) CERTIFICATE and the FCC INFORMATION PACKET that you received from EEC.*

Please print the date of the orientation you are signing up for:

Title of Workshop	Date	Fee
Orientation		\$15.00

Please check form of Payment:

Total Amount: \$ _____ Cash Receipt # _____
(Do not Mail Cash)

Check # _____

Money Order # _____

We do not accept registration over the phone

PAYMENTS ARE NON-REFUNDABLE, EXCEPT WHEN CCCB CANCELS THE ORIENTATION.

IF YOU ARE 15 MINUTES LATE, YOU MUST REGISTER FOR THE NEXT SCHEDULED WORKSHOP

CHILDREN, FAMILY MEMBER AND NON-REGISTERED GURTS ARE NOT ALLOWED IN THE ORIENTATION

* Participant's Signature Required: _____ *

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

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