



# Training Registration Form

(One participant per form)

To Register: Please remove this form along the dotted line, remembering to sign the bottom. Mail this form, along with payment (payable to Child & Family Resources, Inc.) to: **263 Lake Street, Penn Yan, NY 14527**

Participants Name: \_\_\_\_\_ Center Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Participant's street address                      City                      State                      Zip code                      County*

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Check One:**  Potential Provider     FDC     GFDC     Center     Head Start Staff     LE     SACC

Date	Training Name	Fee
1/21/19	<i>Example                      Tax Tips                      Example</i>	<b>\$40.00</b>

*(Please select a payment method or methods below)*

- My payment is enclosed \$ \_\_\_\_\_ Check/Money Order # \_\_\_\_\_
- Credit Card Online Ref # \_\_\_\_\_ (found on your payment receipt)
- My EIP Scholarship Voucher is enclosed \$ \_\_\_\_\_ *(Check voucher for accuracy and sign before submitting, Registered or Licensed Providers ONLY)*
- I applied for an EIP scholarship on \_\_\_\_\_ I have not yet received an EIP approval voucher. **A copy of my completed application or signed fax cover sheet is enclosed AND** my check for \$ \_\_\_\_\_ Check/Money Order # \_\_\_\_\_ is enclosed. *(Registered or Licensed Providers ONLY)*

**Family Child Care 101 (Full series ONLY) Potential Providers Only**

*Individual session sign-up must be listed above                      (Please choose one payment option and one site below)*

- Full series (sessions 1-11) payment of \$525 enclosed + \$40 non-refundable registration fee                      Check # \_\_\_\_\_
- I am receiving a Health & Safety start-up grant AND Potential Provider Package to cover sessions 1-11. My \$40 non-refundable registration fee is enclosed.                      Check # \_\_\_\_\_

**Grant applications and questions can be directed to:  
Tracy Travis at 315-536-1134, ext. 2314**

By signing below, I understand and agree that if my EIP application is denied or voucher declared VOID I am responsible for full payment of fees owed. I agree that registration and payment must be received by Child and Family Resources **1 WEEK prior to the training to be completely registered for the training.** I also understand that I will not be able to attend additional training with Child & Family Resources until all balances are paid in full or acceptable arrangements have been agreed upon by me and the agency designee.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_