

**Child Care Resource & Referral**  
**Class Registration Form**  
*(must be accompanied with payment)*



Please do NOT use this form to register for conferences or for online classes.  
 Only one registration form per person!

Name \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_  
 Phone \_\_\_\_\_ Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 E-mail address \_\_\_\_\_

**Professional Affiliation:**  
**(check one)**

Center or Pre- School Staff program name \_\_\_\_\_  
 Family Child Care Provider  
 School-Age Care Staff program name \_\_\_\_\_  
 ECFE/ECSE  
 Head Start  
 Parent  
 Foster Care Provider  
 Family, Friend, or Neighbor Caregiver  
 Other (specify) program name \_\_\_\_\_

**Personal Information:** We are committed to creating and promoting an accessible child care professional development system. The information collected below is important in helping us track the participation of people of different cultures and ethnic groups in CCR&R classes. This information will only be used for tracking, planning and funding purposes.

**Gender (check one)**  Female  Male  
**Race/Ethnicity (check one)**  
 White/European American  
 African- Ethiopian  African-Sudanese  African -American  African-Somali  
 Hmong  Lao  African- Eritrean  Other African  
 Other Asian  American Indian  Vietnamese  Cambodian  
 Other Latino  European Immigrant  Chicano  Central or S. American  
 Other  
**Languages Spoken (check all that apply)**  
 Lao  Russian  Ojibwe  Somali  
 Arabic  Hmong  Other African  Dakota  
 Other European  Vietnamese  Cambodian  Other American Indian  
 American Sign Language  Other Language

Workshop Title:	County Location	Workshop Date	Workshop Fee
			\$
			\$
			\$
			\$
			\$
		<b>Total</b>	<b>\$</b>

Visa # \_\_\_\_\_ Master card # \_\_\_\_\_  
 Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Check or money order Enclosed

For questions, please call our new  
 Registration Line: 507-424-1521 or  
 1-800-462-1660 x263

Mail payment to: Child Care Resource & Referral, Inc.  
 Attn: Training Department  
 126 Woodlake Drive SE  
 Rochester, MN 55904

**Thank You for Choosing Child Care Resource & Referral!**