

Child Care Resource & Referral, Inc.

Class Registration Form

(Must be accompanied with payment)

- Please do not use this form to register for conferences or Eager-to-learn on-line training
- Only one registration form per person



Name: _____ Phone: _____

Home Address: _____ City: _____

State: _____ Zip: _____ County: _____ E-Mail: _____

Professional Affiliation: Family Child Care (Business Name): _____

Center/ Preschool Staff (Business Name): _____

School Age Care Staff _____ Head Start Staff _____ ECFE/ECSE _____ Foster Care Provider _____

Parent _____ Family, Friend or Neighbor Care (FFN) _____ Other (Please Specify) _____

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:** Female _____ Male _____

Race/ Ethnicity (please circle):

- | | | | |
|--------------------|-------------------|-----------------|-------------------------|
| African/ American | African/ Sudanese | Hmong | Chicano |
| African/ Eritrean | African (other) | Lao | Central/ South American |
| African/ Ethiopian | Asian (other) | Vietnamese | Latino (other) |
| African/ Somali | Cambodian | American Indian | European American |

Other (please specify) _____

Language Spoken (please circle all that apply):

- | | | | |
|------------------------|---------|-----------------------|------------------------------|
| American Sign Language | Dakota | Ojibwe | Other (please specify) _____ |
| Arabic | English | Other African | Somali |
| Cambodian | Hmong | Other American Indian | Spanish |
| Croatian/ Serb | Lao | Other European | |

Workshop Title:	Location:	Workshop Date:	Cost:
		Total =	

Check/ Money Order # _____ Amount _____ Voucher # _____ Amount _____

Visa/ MasterCard # _____ Expiration Date _____

Signature _____

Mail Registration and Payment to:

CCR&R, Inc.
Attn: Training
126 Woodlake Dr. SE
Rochester, MN 55904

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