REGISTRATION FORM

Please Select: Facilitator Training Master Trainer Training

This document is required to be signed and returned before you can facilitate a parent's session.

Name: _____ Training Date: _____

Location of Training: _____

E-mail address: Work: _____

Personal: _____

Telephone: Cell: _____ Other: _____

Name of agency you represent: _____

Your position or role: _____

Registration Fee $50.00 Paid: Yes ____ No____ Method: _____

Payment issued by: _____

Mailing address (of payer): _____

Do you meet the requirements of your employer for a Criminal Record Check/Vulnerable Sector Check? Yes ____ No____ I've never had one____

Please note: If you are an Early Childhood Educator in a licensed facility, this means that you provided your employer with a vulnerable sector check dated no more than 6 months previous to your start date, and has been updated within 3 years of that date to be in compliance with the most recent version of the Early Learning and Child Care Act.

Please sign below indicating your commitment to offering this program (8 sessions) to parents and /or other caregivers within 6 months of the training date above. Please note that Facilitator Training to deliver parent programs lapses after 1 year without course offering.

Signature: _____ Date: _____

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