Community Care for Kids

Registration Form (1 form per person)

Tel: 617-471-6473 Fax: 617-773-5860

Return form and payment to: CCK/Training Dept./ 1509 Hancock St. Quincy, MA 02169

Name: Last First M.I. Email Address

Home/Mailing Address City/Town Zip Code

Employer Work Address City Zip Code

Work Phone # Home Phone # Cell Phone #

Provider Category: [ ] Administrator [ ] FCC Provider [ ] School Age [ ] GCC: Infant/Toddler [ ] GCC: Preschool [ ] Public School [ ] Other

Do you participate in your local CPC Program? [ ] No [ ] Yes If yes, what CPC which CPC do you participate in? _____

The following questions must be answered to complete registration:

Are you in an Adult Basic Education (ABE) or ESOL Program?	[ ] Yes	[ ] No
Are you studying toward a Child Development Associate (CDA)?	[ ] Yes	[ ] No
Are you pursuing Department of Early Education & Care (EEC) Qualification?	[ ] Yes	[ ] No
Are you in a college degree granting program?	[ ] Yes	[ ] No

Please register me for the following courses:

	Training Location (Town Listed)	**Full Training Name**	Amount Enclosed or to be charged to credit card
			$
			$
			$
			$
			$
		Total Amount Enclosed	**$**

Payment Method:

[ ] Credit Card : [ ] Visa [ ] MasterCard [ ] Discover [ ] Check Number _____ [ ] Cash/Money Order

Card Number: _____ Expiration Date:_____

Signature: _____ Zip Code of card holder: _____

Note: All payments are non-refundable, unless enrollment is full. Registration must be accompanied by payment. CCK retains the right to cancel a course due to under enrollment.