

TRAINING REGISTRATION FORM

Register online or mail this registration form with the appropriate fees to:

Child Care Resource & Referral
2429 Gillionville Road
Albany, GA 31707

IMPORTANT: YOU ARE NOT REGISTERED UNTIL FEES FOR TRAINING ARE RECEIVED

TYPE OF FACILITY & NAME _____

HOME ADDRESS _____

HOME PHONE _____ WORK PHONE _____ COUNTY _____

CLASS DATE _____ CLASS FEE _____

CLASS TITLE _____

TOTAL # OF PARTICIPANTS _____ TOTAL \$ ENCLOSED _____

E-MAIL ADDRESS _____

NAMES OF PARTICIPANTS:

- | | | |
|----------|-----------|-----------|
| 1. _____ | 6. _____ | 11. _____ |
| 2. _____ | 7. _____ | 12. _____ |
| 3. _____ | 8. _____ | 13. _____ |
| 4. _____ | 9. _____ | 14. _____ |
| 5. _____ | 10. _____ | 15. _____ |

TRAINING REGISTRATION GUIDELINES

- ✦ For training information and questions, contact the training coordinator:
229.500.2897/866.833.3552 or margo.sanders@asurams.edu.
- ✦ Registrations require payment to the CCR&R in advance and cannot be accepted by phone.
Payment is not accepted at the door the day of the training but must be mailed in advance with a registration form.
- ✦ No one is admitted to a class without prior registration.
- ✦ Registrations should be received a week prior to the scheduled training date.
- ✦ Credit and refunds for cancellations are not allowed. Cancelling your registration requires at least a 24-hour notice. When calling to cancel, you may apply your payment toward another class at that time.
- ✦ Returned checks will be assessed a \$35 fee and must be resolved before registering for future classes.
- ✦ If you register for a free class and do not attend, your registration for free trainings in the future will not be accepted.
- ✦ Be on time, and please do not bring children to training. *Thanks for your cooperation!*

For Office Use Only:

Method of Payment: Cash/Check/MO # _____ E-mail Confirmation _____

