

REGISTRATION FORM

Registration ends Friday, March 16, 2018

Complete one form for each par Please print clearly.	ticipant registe	ring. You m	ay duplicate form.	
Name of Participant				
Center, Family Home, or Agenc	y's Name			
Center's Mailing Address				
City	State	Zip	Center's Telephone	
Your E-mail Address				
Position/Title/Age Level				
Teachers, how many children ar	e in your classi	room?		
Directors, Asst. Directors, Owne	ers, and Floater	rs, how many	children are in the <u>entire</u> child ca	are facility?
	ounty First Ste		ration fee is Non-Refundable (We	<u>-</u>
PLEASE NOTE: After attendin receive 5 (five) certified DSS cre		′ •	ote address, and the two workshop	ρ sessions, each participant will
made to put you in your first two	o choices; howe	ever, classes a	ns are filled alternative classes wil are limited to 30 participants. The actions. (Please put workshop # fro	ere are two sessions, please list si
Saturday, March 24, 2018 1st		2 nd	3 rd	
4 th		5 th	6 th	-
Lunch Selections (please choose		ntal Breakfas	st and lunch will be provided	
Turkey Sandwich			Vegetable Wrap	
Ham Sandwich			Chef Salad	
Chicken Salad Sandwich			Garden Salad	
T-Shirt Size: () Small () M	Iedium () L	arge ()X	L () XXL () XXXL	