

Registration Form

This is to be sent in with payment before confirmation that you are signed up!

Name of Training: _____			
Date of Training: _____		Cost of Training: _____	
Center Name or Family Child Care Home Provider: _____			
Contact Person of Center: _____		Telephone: _____	
E-mail Address: _____			
Fill out Info below of all staff attending:			
Name	Birth Date	Last 4 digits of Social	Telephone
Total Amount Enclosed: _____ or Purchase Order # and amount: _____			

Mail Registration and payment to:

**Child Care Resource and Referral, Attn: Melissa Saunders Kane
203 High Street, Flemingsburg, KY 41041**

Make checks or money orders payable to Licking Valley C.A.P.