Workshop Registration Form

Send registration/payment to: Child Care Council, 91 Broadway, Menands, NY 12204

Program name

First name Last name

License/Registration # Expiration

Program address

City State Zip

County

Primary contact name

Program phone extension

Program fax

Email

Are you a member of the Child Care Council?
Yes No

How would you like us to communicate with you?
- ☐ Home phone
- ☐ Work phone
- ☐ Email
- ☐ Snail mail to home
- ☐ Snail mail to work

Home address

City State Zip

County

Home phone

Home Email

Workplace type (check one)
- ☐ Family Child Care
- ☐ Group Family Child Care
- ☐ Child Care Center
- ☐ School-Age Child Care
- ☐ NYS UPK
- ☐ Head Start
- ☐ Legally Exempt
- ☐ Nursery School
- ☐ Camp
- ☐ Integrated Classroom
- ☐ Other (please specify):

Schedule Type: (Check all that apply)
- ☐ Full Day
- ☐ Part Day
- ☐ AM & PM Sessions
- ☐ Before School
- ☐ After School
- ☐ Full Week
- ☐ Part Week
- ☐ Full Year
- ☐ School Year
- ☐ Summer
- ☐ Vacation
- ☐ Evening
- ☐ Overnight
- ☐ Weekend

Ages of Children Served:
- ☐ Infant (0-18m)
- ☐ Toddler (18-36m)
- ☐ Preschool
- ☐ School Age

Licensed Capacity:

Family Child Care #
Group Family Child Care #
Center: Infant # Toddler# Preschool#
School Age #

Level of Education:
(Check all that apply)
- ☐ Some High School
- ☐ High School Diploma/GED
- ☐ Credential (CDA/SACC)
- ☐ Some College
- ☐ Associates Degree
- ☐ Bachelors Degree
- ☐ Masters Degree
- ☐ Other

Area of degree study:
(Check all that apply)
- ☐ Early Childhood Education
- ☐ Elementary Education
- ☐ Family Studies
- ☐ Psychology
- ☐ Special Education
- ☐ Other _____

Certifications: (Check all that apply)
- ☐ CPR
- ☐ First Aid
- ☐ MAT
- ☐ Other _____

Language:
- ☐ English
- ☐ Spanish
- ☐ Other_____

Position:
- ☐ Lead Teacher
- ☐ Assistant Teacher
- ☐ Teachers Aid
- ☐ Director
- ☐ Assistant Director
- ☐ Family Worker
- ☐ Program Coordinator
- ☐ Site Supervisor
- ☐ Family Child Care Provider
- ☐ Cook
- ☐ Other_____

Wages:
Hourly:
- ☐ $6.75 - $8.75
- ☐ $8.75-$10.75
- ☐ $10.75 - $12.75
- ☐ $12.75 - $14.76

Benefits: (provided through your work)
- ☐ Health
- ☐ Dental
- ☐ Life

Ethnicity/Race:

Date & Time	Workshop ID# and Title	Cost

Subtotal	
**Membership (from opposite side)*	
Total payment enclosed	

Payment Options:

☐ **Check/Money Order**
payable to Capital District Child Care Council

☐ **Signed EIP Award Notification**
When selecting this option, your valid, signed EIP must be enclosed with registration!

☐ **Visa/MasterCard**
Registrations using credit card payment may be faxed to 518 426-9649. When selecting this option, please complete information below.

Card Number: _____

Expiration Date: _____/_____

Authorized Signature: _____

office use only:
Date
Amount enclosed
Check #
Cash/Money Order
EIP
Credit