



**Registration Form – Submit with Purchase Order via Fax to 866-338-4409**

**or Mail with payment to 409 Appaloosa Drive, Hopkins, SC 29061**

**Candidate Information**

<b>Name</b>		<b>Child Care Site</b>	
<b>Job Title</b>		<b>Date</b>	
<b>Deadline</b>		<b>Agency</b>	

**Cohort Selection**

Please indicate your course preference (per service price indication please total at the bottom)		Infant-Toddler (\$399)	EHS CCP (\$399)	Pre-School (\$399)	Plus CDA Application* (\$475)	Plus College Credit* (\$545)
<b>October 11, 2016 11:45 am EST</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Online</i>	Tuesday – Thursday (Live Instructor Led)					
<b>October 11, 2016 8:00 pm EST</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Online</i>	Tuesday – Thursday (Live Instructor Led)					
<b>November 8, 2016 9:00 am EST</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Online</i>	Monday and Friday (Live Instructor Led)					
<b>November 8, 2016 11:45 am EST</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Online</i>	Tuesday – Thursday (Live Instructor Led)					
<b>November 8, 2016 8:00 pm EST</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Online</i>	Tuesday – Thursday (Live Instructor Led)					
<b>December 6, 2016 8:00 pm EST</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Online</i>	Monday and Friday (Live Instructor Led)					
<b>JumpStart Orientation Date</b>		Local City and Date (specify)				

**Additional Information**

SITE FOR FIELD EXERCISE (27 Demonstration Projects)

GOALS  
*(including deadlines as agreed upon by employee and manager)*

**Authorization**

*By signing this form, you confirm that you have discussed this review in detail with your supervisor. You also understand you must obtain CPR/First Aid prior to completion and have completed 480 clock hours working with children in the environment you will be applying to obtain your CDA Credentials.*

Employee Signature		Date	Total Check Amount
Manager Signature		Date	Purchase Order Number

\*Payments include processing fee for CDA Application and Transcript of College Credit