



Registration Form (please fill out one per person attending and fax to 866-338-4409) or mail to 409 Appaloosa Drive, Hopkins. SC 29061 with your check for pay by phone call 866-338-4409

Pay By Credit Card Type	Name on Card	Card Number	CSV	Expiration	Billing Zip code
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Name	Child Care Site
Job Title	Agency
Email address	EHS CCP

Cohort Selection

Please indicate your course preference	Infant-Toddler (\$399)	Home Visitation (\$399)	Pre-School (\$399)	Plus CDA Application* (\$475)	Plus College Credit* (\$545)
November 1, 2016 9:00 am EST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online Tuesday – Thursday (Live Instructor Led)					
November 1, 2016 5:00 pm – 7:00 pm EST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online Tuesday – Thursday (Live Instructor Led)					
November 1, 2016 8:00 pm – 10: 00 pm EST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online Tuesday – Thursday (Live Instructor Led)					
November 8, 2016 8:00 pm EST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online Tuesday – Thursday (Live Instructor Led)					
December 6, 2016 8:00 pm EST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online Tuesday – Thursday (Live Instructor Led)					
January 17, 2016 8:00 pm EST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online Tuesday – Thursday (Live Instructor Led)					
Customized Date (Approval Required)	Date (specify)				

Additional Information

NAME OF SITE WHERE (27 Demonstration Projects or Parent Studies Will Be Conducted) FIELD EXERCISES WILL BE CONDUCTED:

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 *books are not included in the pricing you*
Manager Signature	Date	Purchase Order Number