

Child Care Resource & Referral

Class Registration Form

(form must be accompanied with payment)



Please do NOT use this form to register for conferences or for online classes.
Only one registration form per person, per class!

Name _____ Day Phone _____ Evening Phone _____

Home Address _____

City _____ State _____ Zip _____ County _____

E-mail _____

- Professional Affiliation: (check one)**
- | | | |
|--|---|--|
| <input type="checkbox"/> Center or Pre-School Staff
(specify center name) | <input type="checkbox"/> Family Child Care Provider | <input type="checkbox"/> School-Age Care Staff |
| <input type="checkbox"/> ECFE/ECSE | <input type="checkbox"/> Parent | <input type="checkbox"/> Foster Care Provider |
| <input type="checkbox"/> Family, Friend, or Neighbor Caregiver | <input type="checkbox"/> Head Start | |
| | <input type="checkbox"/> Other (specify) | |

Personal Information: We are committed to creating and promoting an accessible child care professional development system. The information collected below is important in helping us track the participation of people of different cultures and ethnic groups in CCR&R classes. This information will only be used for tracking, planning and funding purposes.

- Gender (check one)** Female Male
- Race/Ethnicity (check one)**
- | | | | |
|---|--|--|---|
| <input type="checkbox"/> African- Ethiopian | <input type="checkbox"/> White/European American | <input type="checkbox"/> African -American | <input type="checkbox"/> African-Somali |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> African-Sudanese | <input type="checkbox"/> African- Eritrean | <input type="checkbox"/> Other African |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Lao | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Other Latino | <input type="checkbox"/> American Indian | <input type="checkbox"/> Chicano | <input type="checkbox"/> Central or S. American |
| | <input type="checkbox"/> European Immigrant | <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Other |
- Languages Spoken (check all that apply)**
- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Lao | <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Russian | <input type="checkbox"/> Ojibwe | <input type="checkbox"/> Dakota |
| <input type="checkbox"/> Other European | <input type="checkbox"/> Hmong | <input type="checkbox"/> Other African | <input type="checkbox"/> Other American Indian |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Serbo/Croatian |
| | <input type="checkbox"/> Other Language | | |

Workshop Title: _____ **Workshop Date** _____ **Workshop Fee** _____

_____ **Total** _____ \$ _____

Visa # _____ Master card # _____

Signature _____ Expiration Date _____ Check or money order Enclosed

Only accept VISA or Mastercard Credit Cards.

Mail form to: Child Care Resource & Referral
900 4th St. SE, Pine City, MN 55063

Thank You for Choosing Child Care Resource & Referral!