



CHILD CARE CHOICES WORKSHOP REGISTRATION FORM

263 W. Patrick Street • Frederick, MD 21701 301-662-4549 • 800-753-6841



Participant's Name _____
(Please Print)

Home Address _____

City State Zip Code County

Daytime Phone _____ Email _____

I am a (circle one): Center Director Center Staff Family Child Care Provider Potential Family Provider
Other _____

Work/Program Address _____
(if different from above)

Office Use Only
Date rec'd: _____
Staff initials: _____
PW: _____

Workshop Title	ID#	Date(s)	Fee

WORKSHOP REGISTRATION POLICIES AND PROCEDURES

Complete the enclosed registration form and mail or deliver with check, money order, or credit card information to:

Child Care Choices 263 West Patrick Street Frederick, MD 21701

Make checks payable to Child Care Choices.

Returned check fee is \$20; fees must then be repaid with cash, money order, or credit card.

With a credit card you can register by phone at: by phone at (301-662-4549 or 1-800-753-6841) or by fax (301-695-4826)

All fees are non-refundable unless a class is cancelled by Child Care Choices. A class may be cancelled if it does not have eight or more participants registered one week prior to the starting date.

For inclement weather cancellation information, call 301-662-4549 or 1-800-753-6841. If voice mail answers, dial extension 170.

24 hours notice is required in order to substitute another person, transfer to another workshop or receive a credit.

Confirmation and directions to the training site will be mailed if your registration is received at least one week prior to the class.

You must be present for an **entire workshop** to receive a certificate for the credit hours. You will not receive credit hours if you have already taken a Child Care Choices training session of the same title or content with the same instructor.

Workshops are designed for adults – please do not bring children.

PRE-REGISTRATION AND PRE-PAYMENT REQUIRED! CLASS FEES ARE NON-REFUNDABLE!

Payment By: Check/Money Order (enclosed): _____ (Make checks payable to FCMHA/Child Care Choices)

Credit Card (check one) ___MC___Visa Card Identification Number _____ Last 3 digits on back of card

Account#: _____ - _____ - _____ Exp. Date: ____/____

Signature _____

(Credit Card statements will indicate Frederick County Mental Health as the merchant.)