

Registration Form



(Please fill out **completely**; one person per registration form; make copies as needed)

Name: _____

Cell Phone Number: _____

Address/City/Zip: _____

Email Address: _____

BOTH MOPD ID#: _____ (look up or create at www.mopdid.org) **AND** Birth date: _____

OR BOTH Birth date: _____ **AND** last 5 of SSN: ____ - ____ - ____ - ____ - ____

Facility Name: _____

Address/City/Zip: _____

County: _____ Work Phone: _____ DVN/License #: _____

My program is a: _____ Center/Group Home _____ School Aged _____ Family Home

My program is: _____ Licensed _____ Licensed Exempt _____ Non-Regulated

What is your total enrollment at the location (how many total children do you serve)? _____

If working in child care and/or Head Start, does your agency accept children whose fees are partially or fully covered by the DSS Child Care subsidy (state paid)? _____ Yes _____ No

If yes, how many of the children in your class or program receive subsidized care? _____

I am an Educare participant. _____ Yes _____ No

I work with Foster Care children or am a Foster Parent. _____ Yes _____ No

I am attending this training as a parent (either biological, foster or adoptive parents), home visitation workers, state workers, or counselor. _____ Yes _____ No

Participants are asked to arrive 10 minutes prior to the start of the training session. If the training is at capacity, your spot may be given to someone on the waitlist if you have not signed in 10 minutes prior .

Child Care Aware® of Missouri trainers may withhold a participant's clock hour credit if a participant arrives to the training more than 15 minutes late.

Children may not attend child care training provided by Child Care Aware® of Missouri.

Child Care Aware® of Missouri will be sending a follow up text to attendees within one week after the training.

____ I would like to opt out of receiving follow up text.

For more trainings from Child Care Aware® of Missouri, please visit the Missouri Workshop Calendar (www.moworkshopcalendar.org).

July-December Trainings

◇ _____ - _____ - _____
Location (City) Date Training Title