Registration Form *(Please fill out completely)*

Name:_____ Email:_____

Address/City/Zip: _____ Home Phone:_____

DOB: _____ **AND** last **5** of SS#___-___ ___ ___ ___ **OR** MOPD ID# (PARS ID):_____

Facility Name:_____

Work Address/City/Zip:_____ County:_____

Work Phone:_____ DVN/License #:_____

My program is a: _____Center/Group Home _____Family Home

My program is: ____Licensed ____Licensed Exempt /Inspected ____Not Regulated/Exempt

Are you an unlicensed family child care provider? ___Yes __No

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

I am an Educare/Project REACH participant: ___ Yes ___ No

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 program (state paid)? _____Yes _____ No

If yes, what is the total number of the children you serve who receive subsidized care? _____ (number, not percent)

Basic Knowledge Curriculum—Early Childhood

Face to Face Workshops ($18 each)

☐ **April 3: 6:00-9:00pm**
Routine Care: Sleeping, Hand washing...

☐ **April 14: 9:00am-12:00pm**
Promoting Wellness

☐ **April 14: 1:00-4:00pm**
Professionalism in Child Care

☐ **April 16: 6:00-9:00pm**
Creating Daily Routines

☐ **April 18: 6:00-9:00pm**
Program Planning: Discover, Create...

☐ **April 28: 9:00am-12:00pm**
Responsibilities of Child Care...

☐ **April 28: 1:00-4:00pm**
Child Abuse, Neglect, & Shaken Baby

☐ **May 9: 6:00-9:00pm**
Creating a Welcoming Environment

☐ **May 12: 9:00am-12:00pm**
Child Abuse, Neglect, & Shaken Baby

☐ **May 12: 1:00-4:00pm**
Interactions with Children

☐ **May 15: 6:00-9:00pm**
Keeping Our Children Healthy

☐ **May 17: 6:00-9:00pm**
Understanding the Whole Child

☐ **May 21: 6:00-9:00pm**
Planning Experiences

☐ **May 23: 6:00-9:00pm**
Interactions with Children

☐ **May 31: 6:00-9:00pm**
Understanding the Whole Child

Amount enclosed: $_____