☐ Caregiver Course

☐ Director Course

Child Care Careers Training Series
Course Registration

30-Day Notice

Registration must be in our office **30 days** prior to start date!
ELCCT registrations must be in our office **30 days** prior to start date!

Course Title:_____

NOTE: Incomplete or late registrations will be returned.

Start Date: _____ Material Return Date: _____ Number of Participants Expected: _____

NOTE: If there is a change in COURSE DATES ,INSTRUCTOR or LOCATION, PLEASE contact our office IMMEDIATELY!

Mail Materials To: ❑ Educator ❑ Training Site ❑ Educator will pick up materials

UPS WILL NOT DELIVER TO A P.O. BOX

_____
Educator's Name

_____
Address

_____
City State Zip (Area Code) Phone

Training Site: _____

_____
Address

_____
City State Zip (Area Code) Phone

Payment Options (Check One):_____
signature **date**

❑ I am eligible and wish to receive payment from CECPD.
❑ I am receiving payment from another source.
❑ I am training this course on a voluntary basis.

	DATE	DAY OF THE WEEK							Times of Session
		M	T	W	T	F	S	S	
Session 1									
Session 2									
Session 3									
Session 4									
Session 5									
Session 6									
Session 7									
Session 8									
Session 9									
Session 10									

Return Material To:
Center for Early Childhood Professional Development
College of Continuing Education
The University of Oklahoma
1801 N. Moore Avenue
Moore, OK 73160-3667
(405) 799-6383
(888) 446-7608

OFFICE USE ONLY:

Date: _____

PIF # _____

❑ CHECK HERE if the Educator's permanent address (above) has changed.

Revised 5/5/2009