

CHILD CARE CHOICES WORKSHOP REGISTRATION FORM
 226 S. Jefferson Street • Frederick, MD 21701 301-662-4549 • 410-751-2917

Participant's Name: _____
 (Please Print)

I am a: Center/ Preschool Director Center/ Preschool Staff Center Name _____
 Family Child Care Provider Potential Family Provider Other _____

Home Address _____

City _____ State _____ Zip Code _____ County _____
 Work/ Program Address _____
 (if different from above)

Home/ Evening Phone _____ Work/ Daytime Phone _____

Alternate/ Cell Phone _____ Email Address _____

WORKSHOP POLICIES

CCC's Registration Policies are outlined on page 5. By signing below, you are acknowledging that you have read and agree to abide by all of our registration policies.

 Signature _____ Date _____

Workshop Title	Date(s)	Fee
TOTAL		

WORKSHOP REGISTRATION PROCEDURES

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



Child Care Choices
 226 South Jefferson Street
 Frederick, MD 21701

Make checks payable to Child Care Choices/MHA.

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: 301-662-4549 or 410-751-2917; by fax 301-695-4826; or online at www.childcarechoices.info.

PAYMENT INFORMATION

Payment By: Check/Money Order (enclosed): _____ (Make checks payable to Child Care Choices/MHA)
 Credit Card (Visa or Master Card ONLY) _____ - _____ - _____ Exp. Date: ____/____

Payer Name _____ Card Identification Number _____ (Last 3 digits on back of card)

Billing Address (if different from above) _____

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