

**Must be completed to verify eligibility
for free training.**

Registered FCC TIPS # _____
OR
Class A Center TIPS # _____

Workshop Registration Form

COMPLETE BOX IN TOP LEFT CORNER

FOR OFFICE USE ONLY!

MAIL WALK IN Amount paid _____
Cash / Check / Money order _____
Cashier _____ Date: _____
CDA Workshops CPR Mailing list ONSITE

Use this form to register for all training in this flyer. It is very important that all information is filled out. Please **PRINT** as **CLEARLY** as possible. Make copies of this form if you need additional space. An electronic copy of this form is available online at cfn.nsula.edu.

Center or Family Child Care Home Name: _____ **Circle One: FCC Class A Class B**

Center or FCC Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone _____ email Address: _____

Participant's Name	*Last 5 SS #	Date of birth	Home Address (include city & zip code) NOT CENTER ADDRESS	Personal Phone #	Date & City of Training	Training Code
<i>Example:: Mary Doe</i>	<i>1 2 3 4 5</i>	<i>12/10/60</i>	<i>1234 My Street Shreveport, LA 71101</i>	<i>318-677-5555</i>	<i>April 9 Shreveport</i>	<i>E-8a</i>
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Mail registration form to NSU Child and Family Network, 1800 Warrington Pl, Shreveport, LA 71101. For questions, call 677-3150 or 1-800-796-9080