

## CCR&R Training Registration

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City & Zip \_\_\_\_\_

County \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Place of Work \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Please Check One:**

- \_\_\_\_\_ Group Child Care Owner
- \_\_\_\_\_ Group Child Care Staff
- \_\_\_\_\_ Family Child Care Owner
- \_\_\_\_\_ Family Child Care Staff
- \_\_\_\_\_ Center Director
- \_\_\_\_\_ Center Director Assistant
- \_\_\_\_\_ Center Teacher
- \_\_\_\_\_ Center Assistant Teacher
- \_\_\_\_\_ Faculty
- \_\_\_\_\_ Parent
- \_\_\_\_\_ Other \_\_\_\_\_

The **PRIMARY** Age Group you are **CURRENTLY** Serving for Centers. FCC can check more than 1.

- \_\_ Infant                      \_\_ Toddler
- \_\_ Two-Year Olds    \_\_ Preschool
- \_\_ School Age            \_\_ Youth
- \_\_ None

**Are you licensed by DCFS?**

\_\_\_\_\_ NO      \_\_\_\_\_ YES

**AT THIS TIME** do you provide care for Families on the Child Care Assistance Program (CCAP)?

\_\_\_\_\_ NO      \_\_\_\_\_ YES

## CCR&R Training Registration

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City & Zip \_\_\_\_\_

County \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Place of Work \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Please Check One:**

- \_\_\_\_\_ Group Child Care Owner
- \_\_\_\_\_ Group Child Care Staff
- \_\_\_\_\_ Family Child Care Owner
- \_\_\_\_\_ Family Child Care Staff
- \_\_\_\_\_ Center Director
- \_\_\_\_\_ Center Director Assistant
- \_\_\_\_\_ Center Teacher
- \_\_\_\_\_ Center Assistant Teacher
- \_\_\_\_\_ Faculty
- \_\_\_\_\_ Parent
- \_\_\_\_\_ Other \_\_\_\_\_

The **PRIMARY** Age Group you are **CURRENTLY** Serving for Centers. FCC can check more than 1.

- \_\_ Infant                      \_\_ Toddler
- \_\_ Two-Year Olds    \_\_ Preschool
- \_\_ School Age            \_\_ Youth
- \_\_ None

**Are you licensed by DCFS?**

\_\_\_\_\_ NO      \_\_\_\_\_ YES

**AT THIS TIME** do you provide care for Families on the Child Care Assistance Program (CCAP)?

\_\_\_\_\_ NO      \_\_\_\_\_ YES

Date	Location	Title of Training		Date	Location	Title of Training