



# 2010 KIDS MATTER SPRING INSTITUTE



CHILD CARE COUNCIL OF KENTUCKY, INC.

Please COMPLETE this registration form and return to the address below:

The Child Care Council of KY  
1460 Newtown Pike Suite 101  
Lexington, KY 40511

Attention: Training Department  
Phone: 859-254-9176

**NEW Location: Immanuel Baptist Church**  
**3100 Tates Creek Rd**  
**Lexington, KY 40502**

**Cost: member: \$50.00 Non-member: \$60.00**  
**Breakfast & Lunch Provided**

**Friday April 23<sup>rd</sup> 6:30-8:30pm**  
**Member's Only 2 Hour Training**

**Saturday April 24<sup>th</sup> 8:00-3:30pm**  
**Registration begins at 7:15am**  
**6 Hour Training**

**To avoid processing fees please register online at [www.childcarecouncilofky.com](http://www.childcarecouncilofky.com)**

The Cabinet for Families and Health and Family Services has approved all classes for training credit. Participants must be on time and present in order to receive 6 credit hours.

2 hour Friday session available to MEMBERS ONLY.

Name of Program: \_\_\_\_\_ Type of Program (Check One) Type I \_\_\_ Type II \_\_\_ Certified \_\_\_ Registered/Other \_\_\_ Member \_\_\_ Y \_\_\_ N

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Program Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Please list the names of those attending. Please include the birthdate and last 4 digits of the social security number of each participant attending.

**PLEASE PRINT THE REQUESTED INFORMATION**

Please complete additional forms if more than 6 staff will be attending Spring Institute.

1. \_\_\_\_\_ Birth date: \_\_\_\_\_ last 4 SSN # \_\_\_\_\_ Sat. Only \_\_\_ Fri. MEMBERS ONLY \_\_\_\_\_
2. \_\_\_\_\_ Birth date: \_\_\_\_\_ last 4 SSN # \_\_\_\_\_ Sat. Only \_\_\_ Fri. MEMBERS ONLY \_\_\_\_\_
3. \_\_\_\_\_ Birth date: \_\_\_\_\_ last 4 SSN # \_\_\_\_\_ Sat. Only \_\_\_ Fri. MEMBERS ONLY \_\_\_\_\_
4. \_\_\_\_\_ Birth date: \_\_\_\_\_ last 4 SSN # \_\_\_\_\_ Sat. Only \_\_\_ Fri. MEMBERS ONLY \_\_\_\_\_
5. \_\_\_\_\_ Birth date: \_\_\_\_\_ last 4 SSN # \_\_\_\_\_ Sat. Only \_\_\_ Fri. MEMBERS ONLY \_\_\_\_\_
6. \_\_\_\_\_ Birth date: \_\_\_\_\_ last 4 SSN # \_\_\_\_\_ Sat. Only \_\_\_ Fri. MEMBERS ONLY \_\_\_\_\_

Cost of class non member \$60.00 x number of people attending \_\_\_\_\_ + (\$2.00 processing fee)= Total enclosed \_\_\_\_\_

Cost of class member \$50.00 x number of people attending \_\_\_\_\_ + (\$2.00 processing fee)= \_\_\_\_\_ Total enclosed \_\_\_\_\_

**FEEES ARE NON-REFUNDABLE – NO CREDITS GIVEN – SUBSTITUTIONS ALLOWED**

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

For Office Use Only: Cash \_\_\_ Check \_\_\_ PO \_\_\_ Voucher \_\_\_ Credit Card: Visa \_\_\_ MC \_\_\_