

CHILD CARE COUNCIL OF KENTUCKY, INC

CCC offices are located in the Better Business Bureau off Olivia Lane.

Please COMPLETE form and return to the address below:
Attn: Training Department
1390 Olivia Lane
Lexington, KY 40511
PHONE #: 859-254-9176 or 877-316-3552

Effective July 1, 2009:
 The use of outdated forms or incomplete forms will no longer be accepted. Thank you for your cooperation.

CHILD CARE COUNCIL IS GOING GREEN, PLEASE REGISTER ONLINE!

New Training Policy: In our effort to GO GREEN, we recommend registering online at www.childcarecouncilofky.com. If you have any problems registering please call our Training Department. There is now a processing fee for all paper registrations submitted. The cost is \$2.00 per registration form. All additional training policies are located online and in the calendar. Please read these policies. By submitting this registration form participants are agreeing to abide by all training policies of the Child Care Council.

Program Name: _____	
Address: _____	
City: _____	State: _____ ZIP _____
Contact Person: _____ Phone: _____	
Email: _____	
CCC MEMBER _____	NON-MEMBER _____
Type of Program (Check One):	
Type I ___	Type II ___ Certified ___ Registered ___

Class Sign-In Times:
 6:00-6:30 pm for 6:30 pm classes
 5:30-6:00 pm for 6:00 pm classes
 8:30-9:00 am for 9:00 am classes
 11:30-12:00 for Noon classes

Type of class	Cost	Members cost
Orientation I & II	\$28	\$25
2 hr class	\$12	\$10
3 hr class	\$18	\$15
Mini Saturdays (4 hrs)	\$24	\$20
CPR/ First Aid	\$50	\$50
CPR only (Wednesday Only)	\$30	\$30
First Aid only (Wednesday Only)	\$30	\$30
Super Saturdays	\$36	\$36

Please list the names of those attending (be sure the name of this sheet matches the name in the Training Records Information System. Please include the birth date and last 4 digits of the social security number of EACH participant attending (TRIS REQUIREMENT).

PLEASE PRINT CLEARLY THE REQUESTED INFORMATION

Class Title _____	Date _____
1. _____	DOB _____ Last 4 SSN# _____ Phone _____
2. _____	DOB _____ Last 4 SSN# _____ Phone _____
3. _____	DOB _____ Last 4 SSN# _____ Phone _____
4. _____	DOB _____ Last 4 SSN# _____ Phone _____
5. _____	DOB _____ Last 4 SSN# _____ Phone _____

\$ _____ (cost of class) X _____ (number attending) + \$2.00 (processing fee) = \$ _____ (TOTAL DUE)

Credit Card: Visa ___ MC ___ # _____ **Exp. Date:** _____

REGISTRATION IS ON A FIRST COME FIRST SERVED BASIS!

Class availability may change daily based on the number of registrations received per day. Information on class availability and cancellations is located online at www.childcarecouncilofky.com. For information on class enrollment or cancellations due to inclement weather conditions, please call (859) 254-9176 or 1-877-316-3552.

Office Use Only: Amount _____	Cash _____	Check _____	CK# _____	Money Order _____	PO _____	Voucher _____
Staff Initials _____	Date Received _____	Date Processed _____				