Child Care Resources
127 E. Main, Suite 314, PO Box 7038, Missoula, MT 59807

Training Registration Form

Please send this form to CCR along with payment to register. ***Preregistration and prepayment are required*** for all Child Care Resources' sponsored training to ensure adequate space and materials for participants. We cannot guarantee space in the class or notice of location changes and/or class cancellations if you have not registered. If you are substituting staff members, paying with training credit or making other changes to your registration, it is necessary to send a Training Registration Form with these changes. You can also register for classes online using a credit card.
Consult our newsletter, training calendar, or website at www.childcareresources.org for class descriptions and locations. **Please feel free to make copies of this form for future use.**

Facility/Provider Name: _____

Street Address: _____

City: _____ *State:* _____ *Zip:* _____

Phone: _____ *Email:* _____

Payment Type: (circle one) **Check Cash Money Order Visa MC Discover**

Credit Card Holder Name: _____ ***3 Digit Code (CVV):*** _____

Card #: | | | | | - | | | | | - | | | | | - | | | | | *Expiration Date (MM/YY):* _____

Cardholder Signature: _____

Participant Name	PS# *or* D.O.B. and last **5 digits** of SS#	Class Name	Class Date	Fee
(If additional space is needed, please use the back of this form.)			Total:	

You will be registered upon receipt of this form and your payment. Please total the amount due for the classes for which you've registered and enclose payment.

****CACFP training is limited to providers enrolled in the Child Care Resources' Food Program.***

For CCR Staff Use Only

Date Received: Check #: Amount:

Participant Name	PS# *or* D.O.B. and last **5 digits** of SS#	Class Name	Class Date	Fee
			Subtotal	

*Add Subtotal to Amount on Front Page