

Registration Form
Child Care Provider Training

Title of Training _____ Date: _____
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Mail to: Joanne S. Cavis CFCS
UGA Cooperative Extension
Columbus Government Center Annex
420 Tenth Street, Columbus, GA 31901
706-653-4200

Make checks payable to: Columbus FCS Fund (Evening Workshops \$7)
(Super Saturdays \$25.00)

Full payment required with registration: Register by 5:00 p.m. one week before class

Name of Child Care Center:

Address: _____

Daytime telephone number: _____

List names of staff attending workshop: (Please print names)

Enclosed full payment of \$7 per person TOTAL \$ _____
\$25 per person TOTAL \$ _____