

CHILD CARE TRAINING ENROLLMENT AND REGISTRATION FORM

****INSTRUCTIONS – READ CAREFULLY****

1. **PRINT ALL INFORMATION. DO NOT LEAVE BLANKS**
2. Registration form must be accompanied by **money order** for class made payable to: **Gadsden County Extension Service.**
3. **ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.**
4. Trainee accepts responsibility for attendance.
5. Check class enrolling in:

<input type="checkbox"/> 24 Hr. Intro. to Child Care \$72	<input type="checkbox"/> 6 Hr. Facility Rules & Reg. \$18
<input type="checkbox"/> 10 Hr. Infant/Toddler (0-2yrs) \$35	<input type="checkbox"/> 6 Hr. Home Rules & Reg. \$18
<input type="checkbox"/> 10 Hr. Pre-School (3-5 yrs) \$35	<input type="checkbox"/> 6 hr Ped. Basic Life Support \$40
<input type="checkbox"/> 10 Hr. Special Needs \$35	<input type="checkbox"/> 4 hr First Aid \$35
6. Registration along with money order or cash **must** be received by the Extension Service **BEFORE** trainee will be REGISTERED FOR CLASS. **DO NOT** send cash in the mail.
7. For additional forms, information or questions, contact the Gadsden County Extension Service at (850) 875-7261.
8. Mail registration form to:

GADSDEN COUNTY EXTENSION SERVICE
2140 West Jefferson St.
Quincy, FL 32351
9. In case of emergency and if you can not attend a class, please notify the Extension Office between the hours of 8:00 a.m. and 4:30 p.m. Mon. - Fri. According to 65C-22.003(2) FAC, ALL Child Care Personnel must enroll within ninety (90) days of employment and must complete training within twelve (12) months from the date of beginning.

NAME: _____
(LAST) (FIRST)

SSN _____ COUNTY: _____

HOME ADDRESS: _____
(STREET) (CITY) (ZIP)

PLACE OF EMPLOYMENT: _____

DATE EMPLOYED: _____ HOME PHONE: _____

WORK PHONE: _____ EDUCATIONAL LEVEL: _____

RACE: _____ MALE / FEMALE: _____

SPECIAL NEEDS OF TRAINEE: _____
(Handicaps, wheelchair, etc.)

I HAVE READ THE INSTRUCTIONS AND UNDERSTAND THE REQUIREMENTS FOR THE TRAINING PROGRAM.

TRAINEE SIGNATURE: _____
(Sign Here)

(OFFICE USE ONLY)

DATE ENROLLED: _____

DATE TRAINING MUST BE COMPLETED ONE YEAR FROM START OF TRAINING.

CLASS STARTING DATE & TIME: _____

TRAINER: _____

LOCATION OF CLASS: _____

RECEIPT# _____ \$ _____ REGISTERED BY: _____

THIS FORM WILL BE RETURNED TO TRAINEE WHEN VALIDATED BY THE EXTENSION SERVICE. UPON RETURN RECEIPT, TRAINEE SHOULD HAVE FORM PLACED IN PERSONNEL EMPLOYMENT RECORD TO PROVIDE DOCUMENTATION OF ENROLLMENT FOR PURPOSES OF CENTER LICENSURE.

Updated 5-08