

## ENROLLMENT FORM – COMMACK

### April 2019-May 2019

Please complete and return **with fees**, if required, to *Child Care Council of Suffolk, 60 Calvert Avenue, Commack, N.Y. 11725* or fax enrollment form with credit card info: 1-631-462-2017. (Make checks payable to: **Child Care Council of Suffolk** - No fee will be refunded unless training is cancelled). No confirmation will be sent. If you plan to use an EIP award, the award letter must accompany this form. **IF PAYING MEMBER FEE, A COPY OF THE MEMBERSHIP CARD MUST ACCOMPANY THIS FORM.** *There will be a \$20 fee for any returned checks.*

Name: Last \_\_\_\_\_ First \_\_\_\_\_

**THERE MUST BE AN INDIVIDUAL FORM FOR EACH PERSON REGISTERING**

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Site \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Check if Enrolling	Class Date	WORKSHOPS IN COMMACK	Class Time	Member Fee	Non Member Fee	Amount Of Payment
	4/2/19	Observing and Recording Child Development	6:30-8:30 pm	\$40	\$80	
	4/3/19	Infant/Child/Adult CPR	6:30-9:30 pm	\$60	\$100	
	4/9/19	Modifying Your Classroom and Your Curriculum to Support Children	6:30-8:30 pm	\$40	\$80	
	4/16/19	Effective Communication with Families	6:30-8:30 pm	\$40	\$80	
	4/30/19	The Environment as the Third Teacher	6:30-8:30 pm	\$40	\$80	
	5/8/19	Infant/Child/Adult CPR	6:30-9:30 pm	\$60	\$100	
	5/14/19	Open Ended Activities for Young Children	6:30-8:30 pm	\$40	\$80	
	5/15/19	Pediatric First Aid	6:30-9:30 pm	\$60	\$100	
	5/16/19	Cultural Competence	6:30-8:30 pm	\$40	\$80	
	5/22/19	Nurturing Little Scientists and Mathematicians	6:30-8:30 pm	\$40	\$80	
	5/23/19	Supporting Children with Challenging Behaviors	6:30-8:30 pm	\$40	\$80	

### FOR CREDIT CARD CHARGES: MasterCard/Visa

Name of Cardholder \_\_\_\_\_ Billing Address \_\_\_\_\_

City/Zip: \_\_\_\_\_

Amount of Charge \_\_\_\_\_ Expiration date \_\_\_\_\_

(FOR OFFICE USE ONLY: Auth. Code #: \_\_\_\_\_ Date: \_\_\_\_\_ Acct. Number (Last 4): \_\_\_\_\_)

Credit Card Number \_\_\_\_\_

### MEMBERSHIP APPLICATION

Membership Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

PLEASE CIRCLE YOUR MEMBERSHIP CATEGORY BELOW AND ENCLOSE THE APPROPRIATE FEE

Individual \$40	Family Provider \$40	Group Family Provider \$70
Center/School/Camp \$125	Child Care Center (2+) \$250	