ENROLLMENT FORM – COMMACK
January 2020-May 2020

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.* **Family & Group Family on-site provider ONLY is eligible for CSEA payment.**

Register on-line at www.childcaresuffolk.org

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
	1/28/20-3/17/20	(FOL series)The Foundations of Learning Series	6:30-8:30 pm	$320	$360	
	1/28/20	(FOL) How Children Learn & How to support their Learning	6:30-8:30 pm	$40	$80	
	2/4/20	(FOL series) Developing Your Dramatic Play Area	6:30-8:30 pm	$40	$80	
	2/11/20	(FOL series) Block Play-Opportunities for Learning	6:30-8:30 pm	$40	$80	
	2/12/20	Infant/Child/Adult CPR	6:30-9:30 pm	$60	$100	
	2/13/20	Pediatric First Aid	6:30-9:30 pm	$60	$100	
	2/19/20	(FOL series) Getting Comfy in the Cozy Corner	6:30-8:30 pm	$40	$80	
	2/25/20	(FOL) Creative Arts: "The Window to the Soul"	6:30-8:30 pm	$40	$80	
	3/3/20	(FOL) Emergent Literacy: How Children Learn to Read and Write	6:30-8:30 pm	$40	$80	
	3/10/20	(FOL) Nurturing Little Scientists & Mathematicians	6:30-8:30 pm	$40	$80	
	3/17/20	(FOL) Take the Learning Outdoors	6:30-8:30 pm	$40	$80	
	4/7/20	Infant/Child/Adult CPR	6:30-9:30 pm	$60	$100	
	4/14/20	Pediatric First Aid	6:30-9:30 pm	$60	$100	
	4/15/20	How to Maintain Compliance in Your Program	6:30-8:30 pm	$40	$80	
	5/13/20	Getting to Know Your Regulations	6:30-8:30 pm	$40	$80	
	5/20/20	Child Abuse/Maltreatment/SIDS	6:30-8:30 pm	$40	$80	
						Payment information on back

FCC and	GFCC	CSEA AUTHORIZED	PROVIDERS			
	1/28/20-3/17/20	FCC and GFCC: CSEA AUTHORIZED PROVIDERS:(FOL series)The Foundations of Learning Series	6:30-8:30 pm	$0	$0	
	1/28/20	FCC and GFCC: CSEA AUTHORIZED PROVIDERS:(FOL series) How Children Learn & How to Support their Learning	6:30-8:30 pm	$0	$0	
	2/4/20	FCC and GFCC: CSEA AUTHORIZED PROVIDERS:(FOL series) Developing Your Dramatic Play Area	6:30-8:30 pm	$0	$0	
	2/11/20	FCC and GFCC: CSEA AUTHORIZED PROVIDERS:(FOL series) Block Play-Opportunities for Learning	6:30-8:30 pm	$0	$0	
	2/12/20	FCC and GFCC: CSEA AUTHORIZED PROVIDERS: Infant/Child/Adult CPR	6:30-9:30 pm	$0	$0	
	2/13/20	FCC and GFCC: CSEA AUTHORIZED PROVIDERS: Pediatric First Aid	6:30-9:30 pm	$0	$0	
	2/19/20	FCC and GFCC: CSEA AUTHORIZED PROVIDERS:(FOLseries) Getting Comfy in the Cozy Corner	6:30-8:30 pm	$0	$0	
	2/25/20	FCC and GFCC: CSEA AUTHORIZED PROVIDERS:(FOL) Creative Arts: "The Window to the Soul"	6:30-8:30 pm	$0	$0	
	3/3/20	FCC and GFCC: CSEA AUTHORIZED PROVIDERS:(FOL) Emergent Literacy: How Children Learn to Read and Write	6:30-8:30 pm	$0	$0	
	3/10/20	FCC and GFCC: CSEA AUTHORIZED PROVIDERS:(FOL) Nurturing Little Scientists & Mathematicians	6:30-8:30 pm	$0	$0	
	3/17/20	FCC and GFCC: CSEA AUTHORIZED PROVIDERS:(FOL) Take the Learning Outdoors	6:30-8:30 pm	$0	$0	
	4/7/20	FCC and GFCC: CSEA AUTHORIZED PROVIDERS: Infant/Child/Adult CPR	6:30-9:30 pm	$0	$0	
	4/14/20	FCC and GFCC: CSEA AUTHORIZED PROVIDERS: Pediatric First Aid	6:30-9:30 pm	$0	$0	
	4/15/20	FCC and GFCC: CSEA AUTHORIZED PROVIDERS: How to Maintain Compliance in Your Program	6:30-8:30 pm	$0	$0	
	5/13/20	FCC and GFCC: CSEA AUTHORIZED PROVIDERS: Getting to Know Your Regulations	6:30-8:30 pm	$0	$0	
	5/20/20	FCC and GFCC: CSEA AUTHORIZED PROVIDERS: Child Abuse/Maltreatment/SIDS	6:30-8:30 pm	$0	$0	

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