

Project CHILD Registration Form

Name _____

Gateways Registry ID _____ Birth Date _____

Address _____ This is a new address

City, Zip _____

Email address _____

If you do not wish to receive emails from us, please indicate so here or contact us at burrisp@rlc.edu.

County _____ Phone Number _____

Cell Phone Number _____

Child Care Facility _____

Facility Address _____

Facility Phone Number _____

My program accepts IDHS Subsidy: _____yes _____no

Please check one:

- _____ Family Child Care Owner
- _____ Family Child Care Staff
- _____ Child Care Center Teacher
- _____ Child Care Center Assistant Teacher
- _____ Child Care Center Director
- _____ Other

Length of time in position:

- _____ Less than 6 months
- _____ 6-12 months
- _____ 1-3 years
- _____ Over 3 years

I **primarily** work with:

- _____ Infants
- _____ Toddlers
- _____ Twos
- _____ Pre-School
- _____ School-Age
- _____ None

Racial/Ethnic Description:

- _____ Asian or Pacific Island
- _____ Hispanic
- _____ American Indian
- _____ White Non-Hispanic
- _____ Alaskan Native
- _____ Non-Resident Alien
- _____ Black Non-Hispanic
- _____ Other/Unknown

Highest Degree Earned:

- _____ GED
- _____ HS Degree
- _____ Some College
- _____ Certified
- _____ Associate Degree
- _____ Bachelor's Degree
- _____ Master's Degree
- _____ Doctoral Degree

- _____ 1st Professional
- _____ Other
- _____ Unknown
- _____ None

Please indicate the training(s) that you wish to register for by indicating name of the training, date, location and fee. Enclose applicable fees and return this registration form so that it is **received** at the address at the bottom **no later than 5 days prior to the training**.

Please mail form and applicable registration fee(s) to:

Project CHILD

Attn: Paula Burris

PO Box 827

Mt. Vernon, IL 62864

Questions, call 800-362-7257, ext. 111.

Name of Training	Training Date	Training Location	Registration Fee