



**Educator Information:**

Name: \_\_\_\_\_ EEC PQ Registry ID # \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employment Information:**

Provider/Program Name: \_\_\_\_\_  
 EEC Program # : \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Provider Category:**  Administrator  Family Child Care  Group Child Care – Infant / Toddler  
 Group Child Care – Preschool  School Age (OST)  Public School  Parent  
 Informal Child Care Provider  Trainer ( \_\_\_High School, \_\_\_College, \_\_\_Adults)  Other \_\_\_\_\_

Does your program accept EEC Vouchers?  yes  no

**Are you interested in receiving coaching and / or mentoring support for any of the following?**

CDA  Core Competencies  Individual Professional Development Plan  
 NAEYC  NAFCC  QRIS  no, none of these

**Registration Instructions:** Pre-registration for all trainings is required. Walk-ins will not be accepted. Please register at least one week prior to class. If you are not registered on EEC’s Professional Qualifications Registry, please go to <https://www.eec.state.ma.us/PQRegistry/>

Registration will not be taken by telephone. Questions can be directed to: [joyc@cacci.cc](mailto:joyc@cacci.cc)

All payments are non-refundable, unless enrollment is full or training is cancelled. Please make payment (check or money order) payable to Child Care Network.

**Mail registration form and payment to:**

**Child Care Network, Attn. Joy Cohen, 372 North St. Hyannis MA 02601**

Incomplete registration forms or registrations submitted without the correct payment will be returned unprocessed. If training exceeds the maximum capacity, payment will be promptly returned to you unprocessed.

**THIS FORM IS FOR CCN WORKSHOPS ONLY. ALL SEEPP/CEU COURSE REGISTRATIONS MUST BE COMPLETED DIRECTLY AT WWW.CDEDU.US/SEEPP.**

Training Title	Date(s)	Payment