



## Training Registration Form

**No walk-ins will be allowed at any training.**

**You must pre-register for all Child Care Choices trainings.**

Please complete form and mail along with payment to:

**Child Care Choices  
601 South St.  
Galion, Ohio, 44833**

Name:			
Center Name or Type A/B:			
Address:			
City:		State:	
Zip		Daytime Phone:	
County:			
Home Address:			
City:		State:	
Zip:			
E-Mail:			
Date of Birth:	___/___/___	Last 5 digits of SS#	_____
Please enter the title of training, date of, location and time of the training you are registering for:			
Amount:		Ck#	

**Be sure to complete all of the pertinent information and we must receive your registration at least 3 days in advance of any training you are interested in.**