

Registration for Expanding Quality in Infant/Toddler Care Spring 2010

(Registration Ends February 19, 2010 at 4:00 PM fax 303-914-6802 or email micheala.sanders@rrcc.edu)

Name:
Email Address:
Street Address:
City, State & Zip Code:
County:
Main Phone #:
**Phone number where instructor can contact you directly:
**Please state the best time the Instructor can contact you:
Occupation or Title: (example: Group Leader, Director, Family Child Care Provider)
Name of Business or Site:
Name of Director or Owner:
License ID Number:
Type of Care:
Site Address:
City, State, & Zip:
County:
Work Phone #:
Special considerations or accommodations for Instructors to know: (physical, language, allergies, et cetera?)
Are you interested in 3 hours of college credit for this class?
What is the total number of infants and/or toddlers you personally care for from the ages of birth to 36 months old?
Have you ever received mentoring or coaching at your site?
If yes, please briefly describe where or with whom you received this:

I know that by registering for this training that I commit to completing all 48 hours of classroom instruction, homework assignments, participation and related activities. I understand and I am aware that I must complete the entire program to receive the certification.



Signature

Date