



REGISTRATION FORM

2015 Spring Conference for Family and Group Family Providers

If multiple staff members are registering, please submit one form per person.

Online registration is available at ChildCareWestchester.org

Name _____ Phone _____

Program name _____ E-Mail* _____

Street Address _____ City, State, Zip code _____

*E-mail address is required for registration confirmation.

Please choose one Morning Workshop: 1st choice _____ 2nd choice _____

- A.** Setting Limits – Just another Way to Guide Behavior
- B.** Mixed-Age Environment is Curriculum
- C.** For Owners & Providers – Super Staff Supervision: 10 Strategies for Success
- D.** La Fantástica Maquinaria del Cerebro: Su Desarrollo y Como Cada

Registration Fees and Payment

By 4/17/15: CCCW Member \$30 _____ or Non-Member \$45 _____

After 4/17/15: CCCW Member \$40 _____ or Non-Member \$55 _____

CCCW Membership Number _____

Total Amount Enclosed \$ _____ Check Money Order EIP Voucher

If paying by credit card, name as it appears on credit card _____

I am paying by: Visa MasterCard American Express

Credit card # _____ Expiration date: _____

Billing Address: _____ City _____ State _____ Zip _____

Signature _____ Date: _____

Please make checks payable to the Child Care Council of Westchester. Mail checks and completed registration forms to:

Child Care Council of Westchester, Inc., 313 Central Park Avenue, Scarsdale, NY 10583
Or, if paying by credit card, FAX to 914-885-1110
Register online at www.childcarewestchester.org

Sorry! No refunds will be given.

Questions? Leahb@cccwny.org (914) 761-3456

For Office Use Only: Please do not mark in this space. Received _____ Data Entered _____

Amount Enclosed _____ E-mail sent _____ Code# 425