



Child Care Choices of Boston

Registration Module I

Please Print Name: _____

Please Print Address: _____

City: _____ Zip Code: _____

Phone: (Home) _____ (cell) _____

Please Print Email: _____

Important Notice: Confirmations, cancelations and reminders are sent by e-mail only. We are not responsible for e-mails with the incorrect/invalid addresses.

Are you planning to be: a licensed early educator?* a certified assistant?

If you are planning to become a licensed provider, please send a copy of the Potential Provider Meeting certificate with registration and fee.

Please print the date of the orientation you are signing up for:

| Title of Workshop | Date | Fee |
|-------------------------------|-------|----------------|
| <u>Orientation – Module I</u> | _____ | <u>\$30.00</u> |

Total Amount: \$ _____

Money Order # _____

(No Checks or Cash Accepted)

PHONE REGISTRATIONS ARE NOT ACCEPTED

PAYMENTS ARE NON-REFUNDABLE, EXCEPT WHEN CCCB CANCELS THE ORIENTATION

CANCELATIONS AND TRANSFERS NEED TO BE DONE "7" DAYS PRIOR TO THE ORIENTATION

IF YOU ARRIVE AFTER 10.15 AM YOU WON'T BE ALLOWED TO ENTER TO THE ORIENTATION.

CELL PHONE USE IS NOT PERMITTED IN CLASS. PLEASE SILENCE CELL PHONES BEFORE ENTERING TO

THE CLASSROOM AND AVOID SENDING/RECEIVING TEXTS MESSAGES

CHILDREN, FAMILY MEMBERS AND NON-REGISTERED GUESTS ARE NOT ALLOWED IN THE CLASS

NOTICE: A REPRESENTATIVE FROM THE "UNION, LOCAL 59" WILL BE ADDRESSING ALL ATTENDEES

FROM 4PM TO 4:30PM

Signature Required: _____

**Please Make Money Order Payable to
ABCD Child Care Choices of Boston
and return to:**

Child Care Choices of Boston
105 Chauncy St. 2nd Floor
Boston, MA. 02111