



**CHILD CARE CHOICES
OF BOSTON**

FAMILY CHILD CARE ORIENTATION “MODULE II”

Please Print Name: _____

Please Print Address: _____

City and Zip: _____

Phone: (Home) _____ (work) _____

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 a: licensed early educator? certified assistant?

If you do not have a PQ Number, please apply for one using the following link before applying for this course: <https://www.eec.state.ma.us/PQRegistry/>

PQ #: _____

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

Title of Course	Date	Fee
_____ Orientation – Module II _____	_____	_____ \$30.00 _____
	Total Amount:	_____ \$ _____

Payments: Money Orders Only

Money Order # _____

(No Checks or Cash Accepted)

PHONE REGISTRATIONS ARE NOT ACCEPTED

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

CANCELATIONS AND TRANSFER NEED TO BE DONE “7” DAYS PRIOR TO THE ORIENTATION

IF YOU ARRIVE AFTER 6.15 PM 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 ORIENTATION

** Participant's Signature Required: _____*

Please make MO payable to:

ABCD Child Care Choices of Boston

and return to:

Child Care Choices of Boston

105 Chauncy St. 2nd Floor

Boston, MA. 02111