



**CHILD CARE
RESOURCES**

A Community Resource & Referral Service of Agenda For Children

**Positive Steps
FAMILY CHILD CARE PROVIDER ORIENTATION
REGISTRATION FORM**

Name of Family Child Care Provider (FCC): _____

Phone FCC: _____ FAX : _____ Email Address: _____

- ✓ Register by mail with a complete registration form and enclose a check or money order to cover the fee for the workshop(s).
Registration is on a "first come, first served" basis.
- ✓ Be sure to include your Certification or Re-certification date.
- ✓ The fees for each workshop are as indicated in the training catalog registration information. **Make checks and money orders out to POSITIVE STEPS.**
- ✓ If you have any questions, call 504-586-8509.

**Mail to: POSITIVE STEPS
1720 St. Charles Avenue
New Orleans, LA 70130**

Name of Participant	Home Address of Participant with City and Zip Code (Required by the Department of Social Services)	Position or Age Group worked with	Workshop Title	Date of Workshop	Cash, Money Order or Coupon	Certification or Re-certification Date