



# POSITIVE STEPS WORKSHOP REGISTRATION FORM

*New Orleans and Northshore Regions*

Name of Child Care Program: \_\_\_\_\_ Class:  A  B  Family CC Provider

Center Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone of Program: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Fax of Program: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ ID# \_\_\_\_\_

**HOME** Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parish \_\_\_\_\_ Phone : \_\_\_\_\_ Email: \_\_\_\_\_

Ages working with: \_\_\_\_\_ Years working in Early Childhood Programs: \_\_\_\_\_

WORKSHOP TOPIC	LOCATION	DATE	TIME	COST

Name: \_\_\_\_\_ ID# \_\_\_\_\_

**HOME** Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parish \_\_\_\_\_ Phone : \_\_\_\_\_ Email: \_\_\_\_\_

Ages working with: \_\_\_\_\_ Years working in Early Childhood Programs: \_\_\_\_\_

WORKSHOP TOPIC	LOCATION	DATE	TIME	COST

Name: \_\_\_\_\_ ID# \_\_\_\_\_

**HOME** Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parish \_\_\_\_\_ Phone : \_\_\_\_\_ Email: \_\_\_\_\_

Ages working with: \_\_\_\_\_ Years working in Early Childhood Programs: \_\_\_\_\_

WORKSHOP TOPIC	LOCATION	DATE	TIME	COST

Name: \_\_\_\_\_ ID# \_\_\_\_\_

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WORKSHOP TOPIC	LOCATION	DATE	TIME	COST

Name: \_\_\_\_\_ ID# \_\_\_\_\_

**HOME** Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parish \_\_\_\_\_ Phone : \_\_\_\_\_ Email: \_\_\_\_\_

Ages working with: \_\_\_\_\_ Years working in Early Childhood Programs: \_\_\_\_\_

WORKSHOP TOPIC	LOCATION	DATE	TIME	COST

Please make copies as needed.

- ✓ **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. If you are registering for a center, please **PRINT** names of each individual, as it should appear on their certificates, their positions or age group with which they work, workshop title (s) dates, times and costs. The Department of Social Services requires that position or age group be documented.
- ✓ If a participant will not be able to attend a session, please call to cancel the registration. Positive Steps will not issue credit vouchers for paid participants who do not attend sessions; however a substitution of a non-registered participant will be accepted. The participant also has the option to register for another currently offered session at the time that the cancellation is made.
- ✓ If you are a Family Child Care Provider, simply list the workshops you want to attend. Send in the registration form and a check or money order for the workshops.
- ✓ The fees for each workshop are as indicated in the training catalog registration information. Participants employed by Class B child care centers must pay **\$65** per three hour session, **\$80** for First Aid and CPR.
- ✓ **Make checks and money orders payable to *POSITIVE STEPS*.**
- ✓ If you have any questions, call 504-586-8509, extension 135 Miss McKinnie (Materials Assistant/Registrar) or email [mmckinnie@agendaforchildren.org](mailto:mmckinnie@agendaforchildren.org) {**TUESDAY – FRIDAY 2:00 P.M. – 5:00 P.M.**}

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