



**CHILD CARE
RESOURCES**

A Community Resource & Referral Service of Agenda For Children

POSITIVE STEPS WORKSHOP REGISTRATION FORM

New Orleans & 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: _____

HIGHLIGHTED FIELDS MUST BE COMPLETED.
POSITIVE STEPS WILL NOT BE ABLE TO REGISTER PARTICIPANTS UNLESS ALL FIELDS ARE COMPLETED.

First Name: _____ Middle Initial: _____ Last Name: _____

DOB: _____ - _____ - _____ Last 5 of SSN: _____ Home/Cell Number: _____

HOME Address: _____ City: _____ Zip: _____ Parish: _____

Email Address: _____ Position held: _____

WORKSHOP TOPIC	LOCATION	DATE	TIME	COST

First Name: _____ Middle Initial: _____ Last Name: _____

DOB: _____ - _____ - _____ Last 5 of SSN: _____ Home/Cell Number: _____

HOME Address: _____ City: _____ Zip: _____ Parish: _____

Email Address: _____ Position held: _____

WORKSHOP TOPIC	LOCATION	DATE	TIME	COST

First Name: _____ Middle Initial: _____ Last Name: _____

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First Name: _____ Middle Initial: _____ Last Name: _____

DOB: ____-____-____ Last 5 of SSN: _____ Home/Cell Number: _____

HOME Address: _____ City: _____ Zip: _____ Parish: _____

Email Address: _____ Position held: _____

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 Children and Family 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 about New Orleans & Northshore Sessions, please call Miss Mckinnie at 504-586-8509 or (800) 486-1712, ext. 135 or email her at mmckinnie@agendaforchildren.org Monday through Friday.
- ✓ If you require immediate assistance on a Saturday regarding a Saturday workshop, please call Miss McKinnie at 504-615-6935 (8 a.m.-12:15 p.m.). For all other questions, please call our regular phone number (800-486-1712 or 504-586-8509) during normal business hours.

Mail to: POSITIVE STEPS

PO Box 51837

New Orleans, LA 70151