

Positive Steps Registration

- ✓ **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. **Make checks and money orders payable to *POSITIVE STEPS*.**
- ✓ If you have any questions, call 985-446-8330 Debbie Price (Materials Assistant/ Registrar) or Betty Lacy (Training Coordinator).

**Mail to: POSITIVE STEPS
1047 Jackson St.
Thibodaux, La 70301**

POSITIVE STEPS WORKSHOP REGISTRATION FORM

Region IV

Name of Child Care Program: _____ Class: A B FCCP

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