



# POSITIVE STEPS WORKSHOP REGISTRATION FORM

*Houma/Thibodaux Region*

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: \_\_\_\_\_

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WORKSHOP TOPIC	LOCATION	DATE	TIME	COST

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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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.
- ✓ Child care providers may take classes through any of our regional offices (New Orleans, Houma, or Mandeville), regardless of the location of their home or workplace.
- ✓ 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 sessions in the Houma/Thibodaux regions, please call DeNeil Brown at (985) 446-8330 or email her at [dbrown@agendaforchildren.org](mailto:dbrown@agendaforchildren.org).
- ✓ If you require immediate assistance on a Saturday regarding a Saturday class, you may call her at (985) 285-5749 (8 a.m.-12:15 p.m.). For all other questions, please call our regular phone number (1-800-577-8052 or 985-446-8330) during normal business hours.

**Mail to: POSITIVE STEPS**

1340 West Tunnel Rd  
Suite 550  
Houma, LA 70360