



# Workshop Registration Form

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

CCAP TIPS/FCC Provider #:\* \_\_\_\_\_ \*must be provided to register for free foundational trainings

*If your program does not receive payments from the Child Care Assistance Program, it will not have a TIPS number. If your program does participate in CCAP, we need your program's TIPS number so that we can verify that you are eligible to attend our Foundational Learning trainings for free.*

Program Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

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

**WE WILL NOT BE ABLE TO REGISTER PARTICIPANTS UNLESS ALL FIELDS ARE COMPLETED.**

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

DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Number: ( \_\_\_\_ ) \_\_\_\_\_ Home Number: ( \_\_\_\_ ) \_\_\_\_\_

HOME Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Parish: \_\_\_\_\_

Email Address: \_\_\_\_\_ Position: Teacher / Leader / FCC SSN : \_\_\_\_\_  
 (Circle one) (Last 4 digits only)

WORKSHOP TOPIC	LOCATION	DATE	TIME	COST	OFFICE USE ONLY

**MAIL YOUR COMPLETED REGISTRATION FORM AND CHECK OR MONEY ORDER (PAYABLE TO AGENDA FOR CHILDREN) TO THE NEW ORLEANS OFFICE. IF YOU ARE REGISTERING FOR A FREE FOUNDATIONAL TRAINING, PLEASE FAX YOUR REGISTRATION FORM TO THE APPROPRIATE REGIONAL OFFICE'S NUMBER BELOW:**

**Agenda for Children**  
 c/o Training Department  
 8300 Earhart Blvd., Suite 201  
 New Orleans, LA 70118

**For registration questions, please contact your local office at the email or number below**

Kenya Harris  
[kharris@agendaforchildren.org](mailto:kharris@agendaforchildren.org)

Emily Trout  
[etrout@agendaforchildren.org](mailto:etrout@agendaforchildren.org)

Yokesha Greene  
[ygreene@agendaforchildren.org](mailto:ygreene@agendaforchildren.org)

Phone: (504) 586-8509

Phone: (877) 543-7190

Phone: (800) 577-8052

Fax: (504) 586-8522

Fax: (504) 586-8522

Fax: (985) 876-6464

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_

Form of Payment:  MO# \_\_\_\_\_  Chk # \_\_\_\_\_  Cash  Cash

Payment From: \_\_\_\_\_

AFC Staff Initials Receiving Payment: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ AFC Staff Initials Writing Receipt: \_\_\_\_\_