



State of Utah
Department of Workforce Services
Office of Child Care
PARTICIPANT INFORMATION FORM



This information is collected to ensure the correct participant is awarded credit for this specific course.
Your personal information is not shared.

Participant Name: _____

Participant Mailing Address:

Street: _____

City and State: _____ ZIP Code: _____

Home Phone Number: _____

Work or Cell Number: _____

Email: _____

Birth date (MM/DD/YY): _____

Please check the box that best describes the type of child care environment in which you work:

Center Family Child Care Head Start School Age Program Preschool

Other (please list): _____

Name of Employer/Program/Center: _____

Job Title: _____ Start Date: _____

Training Name: _____

Instructor's Name: _____

Training Date(s): _____

Training Location: _____

Please return to URPD
urpd@usu.edu
435-797-2468

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.