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:

3/2017