

Child Care Resource & Referral Class Registration Form



Name: _____ Day Phone: _____ Evening Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

E-mail Address: _____

- Professional Affiliation: (check one)**
- Center or PreSchool Staff (specify center name)
 Family Child Care
 School Age Care Staff (specify center name)
- ECFE/ECSE
 Head Start
 Parent
 Foster Care
- Family, Friend, or Neighbor
 Other (specify)

Personal Information: We are committed to creating and promoting an accessible child care professional development system. The information collected below is important in helping us track the participation of people of different cultures and ethnic groups in CCR&R classes. This information will only be used for tracking, planning and funding purposes.

Gender (check one) Female Male

- Race/Ethnicity (check one)**
- White/European American
 African -American
 African-Somali
- African- Ethiopian
 African-Sudanese
 African- Eritrean
 Other African
- Hmong
 Lao
 Vietnamese
 Cambodian
- Other Asian
 American Indian
 Chicano
 Central or S. American
- Other Latino
 European Immigrant
 Multi-Racial
 Other

- Languages Spoken (check all that apply)**
- English
 Spanish
 Somali
- Lao
 Russian
 Ojibwe
 Dakota
- Arabic
 Hmong
 Other African
 Other American Indian
- Other European
 Vietnamese
 Cambodian
 Serbo/Croatian
- American Sign Language
 Other Language

Class Date	Class Description	City	Class Fee

Method of payment: (circle one) cash check credit card

Card Number: _____
(VISA or Mastercard only)

Exp Date: _____
(month/year)

Signature: _____

MAIL TO:

**Midwest CCR&R
PO Box 159
Montevideo, MN 56265**