

Region 4 - Professional Development Registration Form

Program Name		Director/Administrator Name		
Address	City	State	County	Zip Code
Phone Number	Fax Number		Email Address	
Program's Star Rating		Number of children enrolled		
Type of program (circle one): Child Care Center / Family Child Care Home / Center-In-A-Residence / School-Age Only / Public Pre-K / Part-Day Preschool / Head Start				

Method of Payment: **Amount Enclosed: \$**

Check or Money Order

- Make check or money order payable to **SCC** or **Southeastern Community College**
Attn: CCR&R / PO Box 151, Whiteville NC 28472

Cash

- Do Not mail
- Please Bring by Southeastern CCR&R Office

For questions about registration or payment contact: Sharon Stephens 910.642.8189 or 800.653.5212 ext 25

Please list the title and date of your work shop selection(s). Include name(s) of your attendee(s). Limit to 3 participants per workshop. Please make copies as needed to register for additional workshops.

Workshop Title: **Date:**

Attendee Name(S)	Spanish Translation Needed?	# of Children in Care (0-4yrs)	# of Children in Care (5-12yrs)
1.			
2.			
3.			

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