



Training Registration Form

Please copy this form

Please complete a separate form for each person for each training or class.
OR REGISTER ONLINE at www.childcarewestchester.org

Title of Training _____	Code _____
Cost _____ Date of Training _____	
Title of Training _____	Code _____
Cost _____ Date of Training _____	
Title of Training _____	Code _____
Cost _____ Date of Training _____	TOTAL PAYMENT _____

ATTENDEE INFORMATION:

Name _____

Home Address _____

City/State _____ Zip _____

Cell Phone Number _____ Personal Email _____

Would you like to be a part of our email list? Y N If yes, Program Email Address Personal Email

PROGRAM INFORMATION: Program Name: _____

Family Group Family Center School Age

Director _____

Program Address _____

City/State _____ Zip _____

Program Phone Number _____ Program Email _____

PAYMENT INFORMATION: All trainings must be paid for in advance.

Council 2021 Membership Number _____ (if applicable)

Payment options
 Visa Master Card AMEX Personal Check Money Order Business Check EIP Voucher

Make checks payable to: Child Care Council of Westchester

Name as it appears on credit card _____

Credit Card # _____ CCV# _____ Expiration date _____

Billing Address _____

City/State _____ Zip _____

Signature _____

Mail registration form to Child Care Council of Westchester, Attn: Finance Dept.
 313 Central Park Avenue, Scarsdale, NY 10583
 Fax to (914) 885-1110 OR you can register online at www.childcarewestchester.org.