



225 Long Avenue, Hillside, New Jersey 07205, 973-923-1433

## ***"Education & Training for APRIL 2010"***

- CCCC is an approved provider for the Professional Impact New Jersey and the New Jersey Department of Education. Our training is also accepted by the New Jersey Department of Human Services, Office of Licensing.
- In order to maintain appropriate class size, CCCC reserves the right to deny on site registration and or CCCC reserves the right to cancel due to low enrollment. When you use the registration system in place instructors can properly prepare and certificates can be given out promptly.
- Adults who are not registered for training will not be allowed to wait in the building. Due to insurance issues and as a courtesy to the instructor, children will not be allowed to wait in the building during training classes. Please plan your child care arrangement in order to attend.
- CCCC has a 15 minute grace period. Anyone who arrives more than fifteen minutes late will not be allowed to enter the workshop. No Exceptions Will Be Made!
- **NO PRE-REGISTRATION! NO CERTIFICATE! NO EXCEPTIONS!**
- Social Security numbers are used to assure reliability of professional development credit issued to participants. Numbers will not be released to any outside organization or institution. Without a social security number it is not possible to recover any of your workshop attendance history that you may need as documentation of professional development.

### **Registration Procedures**

1. **Mail the registration form along with the choice of your payment method.** Registration will no longer be accepted By telephone or fax, it must be mailed. There will be no confirmation sent. Payment will be returned only if the class is full. **One registration form per person.**
2. **If payment is required, payment and the registration form must be received 10 days before class.** Payments are non-refundable for non-attendees. If CCCC needs to cancel for any circumstances, the fee is credited to any future workshops that may have a fee. If the class is full the check and form will be returned.
3. **Please mail registration form and payment to:**

Community Coordinated Child Care of Union County,  
225 Long Avenue, (Bldg.#15, 2<sup>nd</sup> floor),  
Hillside, New Jersey 07205,  
Attention: Training and Office Coordinator.

**TO OBTAIN ADDITIONAL COPIES OF OUR QUARTERLY TRAINING BROCHURE PLEASE VISIT OUR WEBSITE AT:**

**[www.cccunion.org](http://www.cccunion.org)**

## REGISTRATION FORM

### Personal Information

Name \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_ E-mail \_\_\_\_\_  
 What is your specialty? (circle) Infant/Toddler    Preschool    Family Child Care    School-Age    Bilingual

### Employment Information

Employer \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Job Title \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_  
 Type of Program (Please check one. If you are a Family Child Care Provider please provide your registration #)  
 CBC Agency     Headstart     Child Care Center     Family Child Care    Reg# \_\_\_\_\_  
 School-Age     Private     Abbott     Other \_\_\_\_\_

### NJ REGISTRY

Have you applied to the NJ Registry before?     Yes     No  
 If yes, Registry # \_\_\_\_\_ Expiration date \_\_\_\_\_  
 Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_  
 NJ Registry applications are available at [www.pinj.org](http://www.pinj.org) and click on the NJ Registry link.

**Payment Method:**    (    ) Check #: \_\_\_\_\_ (    ) Money Order (    ) Credit Card  
**C.C.C.C IS NOW ACCEPTING CREDIT CARDS FOR PAYMENT METHOD:**

Please circle one:



CREDIT CARD#: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

AMOUNT:                    \$ \_\_\_\_\_

3-digit verification number: \_\_\_\_\_

*Please check which workshop(s) you will be attending and submit together with the enclosed registration form and payment if required.*

Course #	DATE	TITLE AND TIME	FEE
<input type="checkbox"/> 000076T	4/8/2010	FIRE DRILLS for <b><u>FCC Providers Only</u></b> from 6:30pm to 8:30pm at CCCC office	FREE
<input type="checkbox"/> 000075T	4/10/2010	FAMILY CHILD CARE PROVIDER SUPPORT GROUP for <b><u>FCC Providers Only</u></b> from 10:00am to 1:00pm at CCCC office	FREE
<input type="checkbox"/> 000062T	4/15/2010	AGES AND STAGES OF SCHOOL-AGE CHILDREN for <b><u>School-Age Programs Only</u></b> from 10:00am 12:30pm at Plainfield Area YMCA, 518 Watchung Avenue, Plainfield, NJ 07060	FREE
<input type="checkbox"/> 000084T	4/15/2010	FIRE DRILLS for <b><u>SPANISH FCC Providers Only</u></b> from 6:30pm to 8:30pm at CCCC office	FREE
<input type="checkbox"/> 000059T	4/19/2010	CHILD ABUSE AND NEGLECT PRESENTED IN COLLABORATION WITH DYFS for <b><u>DAY CARE CENTERS ONLY</u></b> from 6:30pm to 8:30pm at CCCC office	FREE

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