

Online Training Registration Form

First Name: _____ Last Name: _____

Employer: _____

Work Address: _____ City: _____ State: _____

Zip: _____ Phone (Work): _____ Phone (Cell): _____

E-mail Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Are you a Gateways Registry Member? Y or N Gateways Registry Membership #: _____

Is your program licensed through the Department of Children and Family Services (DCFS)? Yes No

Does your program currently serve children on the Child Care Assistance Program (CCAP)/IDHS program? Yes No

Please indicate your current position:

Family Child Care Provider Family Child Care Asst.

Center Director Center Asst. Director

Center Teacher Center Asst. Teacher

Other: _____

What ages of children do you currently serve? Please mark all that apply.*

Inf. (6 wks-14 mo.) Tod. (15-23 mo.)

Twos (24-35 mo.) Preschool (3-4 yrs.)

School-Age (5 yrs.+)

No Ages Served

**Directors/Asst. Directors: Specify child age groups you care for regularly or select "No Ages Served" if not a lead teacher.*

Please register me for the following online courses: Registration fee is \$7 per clock hour.

Course ID	Course Name	Clock Hours

Complete this form and mail with payment to:
SAL Child Care Connection of Central IL
Attn: Training Registration
3425 N. Dries Lane, Peoria, IL 61604

TOTAL AMOUNT ENCLOSED: \$ _____
Make checks payable to SAL Child Care Connection of Central IL. All fees are non-refundable and non-transferable.

My signature acknowledges that I have read and I understand the registration policies for SAL Child Care Connection of Central Illinois, including, but not limited to: Registration fees are non-refundable and non-transferable. Certificates/In-service Hours/Credits are not available from SAL Child Care Connection of Central Illinois. Incomplete registrations cannot be accepted and payment must accompany registration form prior to completing online coursework.

Signature of Registration

Date