



Iredell County Partnership for Young Children
 433 South Meeting Street
 Statesville, NC 28677



WORKSHOP REGISTRATION FORM

Name: _____

First

MI

Last

Home address: _____ City: _____ Zip _____

Home phone number: _____ Work phone number: _____

Employed by: _____ Location (county): _____

(center, family child care home, school, or preschool)

Ages of children you teach:
Number of children Birth to Age 5:
Number of children K – 12:

Check all that apply:

Child Care Centers	Family Child Care Home	Part-day Preschools	Public School Pre-K	Public School Before/After School	More at Four
<input type="checkbox"/> Director <input type="checkbox"/> Teacher <input type="checkbox"/> Asst. Teacher <input type="checkbox"/> Cook <input type="checkbox"/> Floater <input type="checkbox"/> Substitute <input type="checkbox"/> Volunteer	<input type="checkbox"/> FCCH	<input type="checkbox"/> Director <input type="checkbox"/> Teacher <input type="checkbox"/> Asst. Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Volunteer	<input type="checkbox"/> Teacher <input type="checkbox"/> Asst. Teacher	<input type="checkbox"/> Director <input type="checkbox"/> Teacher <input type="checkbox"/> Asst. Teacher	<input type="checkbox"/> Teacher <input type="checkbox"/> Asst. Teacher

List the workshop(s) for which you would like to register:

Date	Time	Location	Name of Workshop	Registration Deadline	*Fee

Total of check, cash, or money order enclosed: \$ _____ .00

*Fee \$10 (unless otherwise noted)

For ICPYC use only: _____ Date received _____ Recorded By (initial)	Total received: _____ _____ Cash _____ Check # _____ _____ Credit voucher# _____
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