



# CHILD CARE AND DEVELOPMENT FUND PROGRAM

## Pre-Registration Form

(Updated 10.20.20)

To be completed individually



Participant's Complete Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### A. Community Member or License-Exempt Family, Friend or Neighbor Care Provider only:

Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Location: \_\_\_\_\_

### B. License Program: CCDF Provider Non-CCDF Provider

Program Name: \_\_\_\_\_ Site: \_\_\_\_\_

Program Director's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Participant's Effective Start Date in the Program: \_\_\_\_\_

Role In the Program:  Director  Infant/Toddler Lead Caregiver  Infant/Toddler Caregiver  Preschool Teacher  
 Afterschool Teacher  Assistant Teacher/ Aide  Childcare Aide  Volunteer  Others \_\_\_\_\_ (pls. indicate)

### C. Type of Activity (Check One):

Pre-Service Training  On-going Health and Safety Training  Workshop  Technical Assistance (TA)  
 Ongoing CCDF Provider Orientation (Renewal)  New/ Interested CCDF Provider Orientation

Please get information from the CCDF PD Calendar to complete below:

Title of Training: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Venue: \_\_\_\_\_

### Please Note:

1. Registration is on a FIRST COME FIRST SERVED basis and to be submitted to the individual/organization as indicated on the CCDF Professional Development Calendar.
2. **Any changes to this form will deem the Pre-Registration INVALID and participants will not be confirmed.**
3. It is your responsibility to call to get confirmation of receipt of this document.
4. Slots are limited. Meals and Snacks will not be provided.
5. **Effective start date in program** means the date CCLP Office has approved employee as meeting CCLP Staff requirements and therefore able to work and/or be with children.
6. CCDF will not accept a "for" signature.

### IMPORTANT:

1. Centers or programs must have updated requirements from CCDF and CCLP Programs in order to receive their training certificate.
2. Completion of the trainings means a certificate has been provided by NMC and/or CCDF.
3. Participants who are confirmed and fails to complete the training will reimburse CCDF Program the amount to range between \$25.00 to \$125.00. Failure to reimburse CCDF Program will mean non-participation in other CCDF-sponsored trainings, workshops, and Technical Assistance for a year. You will be informed of the specific amount.
4. Changes to participants maybe accommodated provided **written notice** is received at least 5 calendar days before the scheduled date of activity. Written notification must be submitted to the person/organization identified in the PD calendar.
5. Incomplete forms will be returned.



## TRAINING ACKNOWLEDGEMENT FORM

I am aware that the training above is being made available that I may increase my knowledge and skills in caring for young children.

I am aware that at the completion of the course/training that I am expected to use the knowledge and skills I have learned.

I am aware that this training is being offered free of charge to me.

I am aware that completion of this training means I have received a Certificate from CCDF Program.

I am aware that when I do not complete this course that CCDF Program will still pay for the slot allocated to me as a result of my confirmation to attend the training.

I am aware that in the event I do not complete this course/training that **I will reimburse CCDF Program** the cost of the training allocated to the slot I confirmed. This amount ranges between \$25.00 to \$125.00 depending on the type of training, workshop, and/or TA that was missed. I will be informed of the specific amount I will pay.

I am aware that the payment should be made before the next scheduled training I am identified to go or within 30 days from last date of this training as indicated on this form, whichever is earlier.

I am aware that should I fail to reimburse CCDF Program for the cost of the course/training that I will not be able to access other free trainings as offered by the CCDF Program for a year beginning the last day of the course/training as indicated on this form.

In the event I am unable to attend or failed to complete this training, it is my responsibility to provide written notice to CCDF Office, the **following business day of the reason/s for non-attendance or non-completion with supporting documentation.**

I am aware that in order for me to complete the 70-hour Cohort Infant and Toddler Training Program, I must pass all 5 modules. Should I fail to pass any of the modules, I will not receive my training certificate. I am also aware that I only have the next cohort to complete the modules I missed. For example: I attended Cohort 14, I am only allowed to make up the modules I missed for Cohort 15. If I fail to complete the modules I missed, I will reimburse CCDF the full amount for the cohort and should I decide to attend another cohort, that I must complete the 5 modules again.

By submitting a Pre-Registration Form and/or signing/affixing my signature on the CCDF training attendance sheet, **I AGREE** to be photographed, videotaped, and/or audiotaped during any CCDF-sponsored activities, learning experiences, and/or media events. I understand and **AGREE** that any likeness of me taken by CCDF staff, CCDF current contractors, DCCA Staff, DCCA and CCDF partners whether public or private entities, including commercial photographers and the media, may be used for reproduction, exhibition, broadcast and/or distribution.