



**Region 5 Early Care and Education Professionals' Fall Conference**

**Saturday, September 23, 2017**

**Conference Location: Sandhills Community College (Hoke Center)**

**\*Register Online at [www.ccpfc.org](http://www.ccpfc.org)**

**or**

**Mail form and payment to:**

Partnership for Children of Cumberland County

351 Wagoner Drive, Suite 200

Fayetteville, NC 28303

*\*Make check or money order payable to **CCPFC***

Phone: 910-860-2277, ext. 2528 or 2537

[www.ccpfc.org](http://www.ccpfc.org)



**Registration Form With Payment Must Be Received No Later Than: September 13, 2017**

**\* One form per participant; all questions must be completed\***

**Participant Name:** \_\_\_\_\_ **Last 4 digits of SSN#:** \_\_\_\_\_ **Gender:** Female Male

**Participant Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home/Cell Phone #:** (\_\_\_\_) \_\_\_\_\_ **Work Phone #:** (\_\_\_\_) \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Employment Facility:** \_\_\_\_\_ **County of Employment:** \_\_\_\_\_

**Type of Facility:**  Center  Family Child Care Home (FCCH)  Unlicensed/Legally Exempt Program  N/A

**Current Education Level:**  HS Diploma  HS Diploma/Some College  2 Year Degree  4 Year Degree or higher

**Ethnicity:**  African American  Asian  Caucasian  Hispanic/Latino  Multi-Racial  Native American

Other  Prefer Not **Primary Language Spoken:**  English  Spanish  Other \_\_\_\_\_

**Participant Age:**  15-19  20-24  25-34  35-44  45-54  55-59  60-64  65 and over  Prefer Not

**Job Title:**  Director  Asst. Director  FCCH Provider  Child Care Teacher  Program/SA Site Coordinator

SA Group Leader/SA Program Manager  Asst. Teacher/Aide/Floater/Substitute  Parent  Other \_\_\_\_\_

**Please enter the number of children in your care by age group. If none enter 0:**

birth – three (0-36 mos) \_\_\_\_\_  Three-Five (36 mos-Kindergarten) \_\_\_\_\_  Five –Older (5 – 12) \_\_\_\_\_

**\*\*\*Please create a 8 character login ID and 8 character Password. (keep for your records for future registration)\*\*\***

**Login ID:** \_\_\_\_\_

**Password:** \_\_\_\_\_ (must include one letter and one number):

Name of Learning Event	Time

**In accordance with NC G.S. 25-3-506, a processing fee of \$25.00 will be collected on all returned checks!**

*Partnership for Children will not discriminate on the basis of race, color, national origin, gender, religion, age, or handicap. \_PFC is a 501(c) (3) nonprofit organization supported by public and private funds through Smart Start, NC Pre-K, tax-deductible donations, and grants.*