



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.

Lead Agency CCR&R Learning Event Registration Form
Partnership for Children of Cumberland County
351 Wagoner Drive, Suite 200
Fayetteville, NC 28303
Phone: 910-860-2277
www.ccpfc.org

The registration policies and procedures are attached to the learning event calendar and located on the website. Please initial indicating you have read and understand the policies and procedures. _____

*** 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 use previously established login. If new, create an 8 character login ID and 8 character password.

Login ID: _____

Password: _____ (must include one letter and one number):

Name of Learning Event	Event Date(s)	Cost

****Make check/money order payable to Partnership For Children of Cumberland County Total Cost \$ _____***

Payment type: cash check # _____ money order# _____

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.