



Region 5 Early Care and Education Professionals' Conference  
Saturday, February 3, 2018

Cost: \$20

Conference Location: Richmond Community College (Honeycutt Center)

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

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: January 24, 2018



**\* 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!**

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