

Lead Agency CCR&R Learning Event Registration Form

Professional Development Career Center (PDCC)

Partnership for Children of Cumberland County 351 Wagoner Dr. Fayetteville, NC 28303 | 910-860-2277 | ccpfc.

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*

Last 4 digits of SSN: Gender Ethnicity: □ African American □ Asian □ Caucasian □ Hispanic/Latino □ Multi-Raci Primary Language Spoken: □ English □ Spanish □ Other Participant Age: □ 15-19 □ 20-24 □ 25-34 □ 35-44 □ 45-54 □ 55-59 □ Current Education Level: □ HS Diploma □ HS Diploma/Some College □ 2 Year December 1	_ E-mail Address: :: □ Female □ Male ial □ Native Americal 60-64 □ 65 and ove	☐ Prefer Not n ☐ Other ☐ Prefer Not
Ethnicity: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic/Latino ☐ Multi-Raci Primary Language Spoken: ☐ English ☐ Spanish ☐ Other Participant Age: ☐ 15-19 ☐ 20-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-59 ☐ Current Education Level: ☐ HS Diploma ☐ HS Diploma/Some College ☐ 2 Year De	: □ Female □ Male fal □ Native Americal 60-64 □ 65 and ove	□ Prefer Not n □ Other □ Prefer No
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Primary Language Spoken: ☐ English ☐ Spanish ☐ Other Participant Age: ☐ 15-19 ☐ 20-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-59 ☐ Current Education Level: ☐ HS Diploma ☐ HS Diploma/Some College ☐ 2 Year De	60-64 □ 65 and ove	
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Current Education Level: ☐ HS Diploma ☐ HS Diploma/Some College ☐ 2 Year De		
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Employment Facility:	egree 🗀 4 Year Degr	ee or higher
Employment Facility:	Country of Freedom	
Type of Facility: ☐ Center ☐ Family Child Care Home (FCCH) ☐ Unlicensed/Legally		
Job Title: ☐ Director ☐ Asst. Director ☐ FCCH Provider ☐ Child Care Teacher ☐ SA Group Leader/SA Program Manager ☐ Asst. Teacher/Aide/Floater/S	•	
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))	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 E	vent Dates(s)	Cost
	Total Cost:	\$
Make check/money order payable to Partnership for Childre Payment type: □cash □check # □money orde		unty

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.