



# Registration Form

Registration begins January 4, 2010.

## Session Information:

**NOTE: PLEASE PRINT CLEARLY OR SEND INFO BY EMAIL**

Session Title: \_\_\_\_\_

Date: \_\_\_\_\_ Fee/person: \_\_\_\_\_

*(Refer to registration info for payment information listed under each workshop in the index section.)*

## Participant Information:

**Name 1:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Stream:  ELC  Supervisor  SNRS  Cook  Home Child Care Visitor

**Name 2:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Stream:  ELC  Supervisor  SNRS  Cook  Home Child Care Visitor

**Name 3:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Stream:  ELC  Supervisor  SNRS  Cook  Home Child Care Visitor

**Name 4:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Stream:  ELC  Supervisor  SNRS  Cook  Home Child Care Visitor

## AGENCY/CENTRE

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency/Centre Address: \_\_\_\_\_

\_\_\_\_\_

# Training for Early Learning & Care Professionals

**Photocopy as many copies of this form as required, in order to accommodate all professionals interested in different trainings offered throughout the calendar.**

## Payment Information: *(Do not forget to attach registration form to your payment)*

Amount of payment enclosed: \_\_\_\_\_

VISA or  MasterCard # \_\_\_\_\_

Name of cardholder: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

MM / YY

Cheque Payable to: \_\_\_\_\_

**PLEASE NOTE: PERSONAL CHEQUES WILL NO LONGER BE ACCEPTED. DECLINED VISA AND MASTERCARD PAYMENTS ARE SUBJECT TO A SERVICE FEE.**

*(Please ensure that you have made the cheque out to the appropriate organization. Mailing addresses for payment are listed on previous page under 'Directions'.)*

**Note: Please ensure that payment is received at least two weeks prior to the training session. It is recommended that you contact the registration person to determine if there is space prior to sending payment. It is our pleasure to continue offering these trainings, and we look forward to seeing you at these events!**

## Registration Information:

For all professionals, it is important to register well in advance, as registration for all sessions closes two weeks prior to the session start date. Please also consider:

1. Please see page 2 for all registration and payment information.
2. All questions and enquiries regarding registration can be directed to: Joanne Tuck, Training Coordinator or Anna Patola, Early Childhood Consultant, at 416-675-6622 ext. 5482 or e-mail: joanne.tuck@humber.ca or anna.patola@humber.ca with the Subject Line: City Wide Training Calendar

**For SITE VISITS, ADDITIONAL TRAINING OPPORTUNITIES and WORKSHOPS ON THE MOVE please look online: [humber.ca/citywidetraining](http://humber.ca/citywidetraining)**

