



Family Strength Associates, Inc.

Building and Restoring Families & Communities Since 1996

NJ Child Care Training Program Workshop Registration Form

Faxed Registration forms are no longer accepted. Please register online at: www.familynow.org or mail in registration form to: Family Strength Associates, Inc., 116 West Broad Street, Burlington, NJ 08016.

Please complete the entire form and adhere to registration periods to avoid delays in registration process.

First Name	M. I.	Last Name
Your Home Phone	Your Cell Phone	Name of the Child Care Center where you work
Your Home Address	<input type="checkbox"/> new address	Name of Contact Person for the Center, i.e., Director
Apt. #	Child Care Center Phone	Child Care Center Fax
City, State, ZIP	Child Care Center Address	
Your Personal Email Address		City, State, ZIP

Only one (1) workshop per registration form, please.

**Must attend both weeknight sessions if two-part evening.*

FOR CPR ONLY	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
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Family Strength Associates, Inc. respects your privacy. We do not sell, rent, loan, or transfer any personal information regarding our registrants to any third parties. All data information is for the sole purpose of reporting numbers to our funding source, NJ Department of Human Services, Division of Family Development.

<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> African-American	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> Asian	<input type="checkbox"/> Native American
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Other
<input type="checkbox"/> Infant/Toddler	<input type="checkbox"/> Preschooler
<input type="checkbox"/> School-Age	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Director/Asst. Director	<input type="checkbox"/> Teacher <input type="checkbox"/> Trainer <input type="checkbox"/> Parent
<input type="checkbox"/> Lead/Head Teacher	<input type="checkbox"/> Asst. Teacher/Aide
<input type="checkbox"/> Family Child Care Provider	<input type="checkbox"/> Specialist/Other
<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10
<input type="checkbox"/> 11-15	<input type="checkbox"/> 16-20
<input type="checkbox"/> 20+	
<input type="checkbox"/> HS/GED	<input type="checkbox"/> CDA
<input type="checkbox"/> AAS	<input type="checkbox"/> BA/BS
<input type="checkbox"/> MA/MS	<input type="checkbox"/> PhD
<input type="checkbox"/> Yes	<input type="checkbox"/> No