



Training/Workshop Registration

Name & Date of Training or Workshop you're registering for:

Personal Information: (please answer every question)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____ E-mail: _____

SS# _____

Professional Information:

How long have you been working in Child Care?: _____

How long have you been working at your present child care center?: _____

What is the best thing about working in the child care industry?:

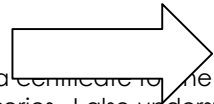
What is the worst thing about working in the child care industry?:

What is something you would like to change in the child care industry?:

Would you like to receive emails about Attollo trainings and our newsletter?: circle one: Yes No

Tell us about yourself and your career aspirations.

Turn page over



I understand that the training for which I am registering with this application will entitle me to a certificate for the hours of training I complete AND I am responsible for FULL payment of this training or training series. I also understand it is my responsibility to attend all the hours in a training series. If I miss a workshop in a series, I will attend another workshop/training offered by Attollo Consulting and Training Strategies (ACTS) to make up any hours missed. No credit will be given for training hours missed in a training series.

I have applied for an EIP grant, and/or attached in a copy of the application or the award letter. I understand that I am responsible to track payment (EIP website or by phone) and make sure that my training is paid in full to Attollo Consulting and Training Strategies (ACTS). Otherwise, it is my responsibility to pay the full amount if not received by ACTS within 60 days of training. If payment has already been made to ACTS from EIP, I also understand that I will pay back EIP for any training hours missed in a workshop or training series.

I have enclosed payment in full.

My employer will be issuing a check for payment in full or any balance left uncovered by grant/scholarship money.

Payment MUST be received by ACTS NO LATER THAN 30 business days after training. (MUST be signed by employer)

Signature of employer

I have signed a payment agreement with ACTS to pay for this training prior to starting the classes.

Signature _____

Date _____