

On-Line Training Registration Form - Individual

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ EVENING PHONE _____

YOUR POSITION _____ E-MAIL ADDRESS _____

YOUR EMPLOYER _____

REFERRED BY: _____

Please check one: _____ Option 1

INITIAL CDA @ \$259.99, CDA RENEWAL @ 129.99, COK @ \$79.99 Option 2

Option 3

Please make check payable to "Children's Enrichment Enterprises" and mail with registrations to:

Children's Enrichment Enterprises, Inc.

P.O. Box 2495, Hagerstown, MD 21741-2495

TOTAL ENCLOSED _____

*If you have an Office of Child Care Credential, this tuition may be reimbursable to you. If you have questions, Please call 240-420-5789 or 301-331-1672 (cell). E-mail to: childrensenrichment@msn.com

or visit www.educatewithcare.com/cee

On-Line Initial CDA Registration Form - Group

NAME OF GROUP _____

NAME OF DIRECTOR/TRAINING DIRECTOR _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ EVENING PHONE _____

YOUR POSITION _____ E-MAIL ADDRESS _____

	<u>NAME</u>		<u>FEE</u>
1)	_____	Initial CDA	<input type="checkbox"/> \$259.99
2)	_____	Initial CDA	<input type="checkbox"/> \$259.99
3)	_____	Initial CDA	<input type="checkbox"/> \$259.99
4)	_____	Initial CDA	<input type="checkbox"/> \$259.99
5)	_____	Initial CDA	<input type="checkbox"/> \$259.99
6)	_____	Initial CDA	<input type="checkbox"/> No Charge

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