

## Project CHILD Registration Form

Name \_\_\_\_\_

Gateways Registry ID\* \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ This is a new address \_\_\_\_\_

City, Zip \_\_\_\_\_

**Email address** \_\_\_\_\_

If you do not wish to receive emails from us, please indicate so here or contact us at burrisp@rlc.edu.

County \_\_\_\_\_ Phone Number \_\_\_\_\_

Child Care Facility \_\_\_\_\_

Facility Address \_\_\_\_\_

Facility Phone Number \_\_\_\_\_

My program accepts IDHS Subsidy:  yes  no

Please check one:

- Family Child Care Owner
- Family Child Care Staff
- Child Care Center Teacher
- Child Care Center Assistant Teacher
- Child Care Center Director
- Other

Length of time in position:

- Less than 6 months
- 6-12 months
- 1-3 years
- Over 3 years

**I primarily work with:**

- Infants
- Toddlers
- Twos
- Pre-School
- School-Age
- None

Racial/Ethnic Description:

- Asian or Pacific Island
- Hispanic
- American Indian
- White Non-Hispanic
- Alaskan Native
- Non-Resident Alien
- Black Non-Hispanic
- Other/Unknown

Highest Degree Earned:

- GED
- HS Degree
- Some College
- Certified
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctoral Degree

- 1st Professional
- Other
- Unknown
- None

Please indicate the training(s) that you wish to register for by indicating name of the training, date, location and fee. Enclose applicable fees and return this registration form so that it is **received** at the address at the bottom **no later than 5 days prior to the training.**

Please mail form and applicable registration fee(s) to:

**Project CHILD**

**Attn: Paula Burris**

**PO Box 827**

**Mt. Vernon, IL 62864**

**Questions, call 800-362-7257, ext. 111.**

Name of Training	Training Date	Training Location	Registration Fee

**\*The Gateways Registry ID can be found by logging into your Gateways Registry at [www.ilgateways.com](http://www.ilgateways.com).**