

Instructions: Advance payment is required. You may pay by **Checks or Money order; please make payable to SSDC. (NO CASH) or use link to pay online.**

<https://checkout.square.site/pay/1fbff0260e03407c929a96eb9c1787ce> - please attach your receipt with registration and page 4; make sure it has your name on it.

If your money is received after a workshop is full or if a workshop is cancelled you will be informed by phone; the rescheduled date will be given to you or you may choose another workshop. Smart Start of Davidson County **is not** responsible for registration forms or fees lost in the mail or not delivered on time. **Please remember your workshop location and time. Confirmations will not be sent.** If you register and do not attend **no refund or credit** will be given. You will not be able to switch classes. Trainings fill up fast; so please turn in registration as soon as possible. **Complete one form per participant (complete the entire form / PRINT CLEARLY)**

Active participation during the live event is required to receive DCDEE credit for this training. Must have valid email and access to internet.

A link to the zoom training will be emailed to you

PLEASE RETURN REGISTRATION FORM by mail or drop off at the Smart Start Office.

Please complete in full and return with payment if applicable.

306 East US Hwy 64

Lexington NC 27292

First Name: (use real/biological name) not nickname		Last Name:		Phone# with Area Code: () _____ - _____							
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Race: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial <input type="checkbox"/> Other _____		Primary Language:	Age:						
				Date of Birth: ___ / ___ / ___ <small>Month Day Year</small>							
Address:											
Email Address: PLEASE PRINT CLEARLY!!! You will be emailed a link to the zoom training.				Specify <i>number</i> of children in each age group that you work with:							
I am employed at:				<table border="1"> <tr> <td>Birth-2yrs</td> <td>3yrs – 5yrs</td> <td>5yrs – 12yrs Schoolage</td> </tr> <tr> <td>#</td> <td>#</td> <td>#</td> </tr> </table>		Birth-2yrs	3yrs – 5yrs	5yrs – 12yrs Schoolage	#	#	#
Birth-2yrs	3yrs – 5yrs	5yrs – 12yrs Schoolage									
#	#	#									
I work with: <input type="checkbox"/> Infants <input type="checkbox"/> Toddlers <input type="checkbox"/> 2's <input type="checkbox"/> 3's <input type="checkbox"/> 4's <input type="checkbox"/> SA Group (mark X for age group you work with)				* Directors or Floaters do not complete							
County in which I am employed:				Facility Star Rating:							
Position Held: <input type="checkbox"/> Administrator <input type="checkbox"/> Asst. Administrator <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Asst. Teacher <input type="checkbox"/> Floater <input type="checkbox"/> FCCH <input type="checkbox"/> Program Coordinator (Sch. Age) <input type="checkbox"/> Group Leader (Sch. Age) <input type="checkbox"/> Sub <input type="checkbox"/> Other: Please Specify: _____				<input type="checkbox"/> Unlicensed <input type="checkbox"/> GS-110 <input type="checkbox"/> 1 Star <input type="checkbox"/> 2 Star <input type="checkbox"/> 3 Star <input type="checkbox"/> 4 Star <input type="checkbox"/> 5 Star							

Complete one form per participant (Print Clearly)
Debit Card, Check or Money Order or pay online
(click link below) attach confirmation from email
<https://checkout.square.site/pay/1fbff0260e03407c929a96eb9c1787ce>

Page 4

First Name:		Last Name:	
Training Title ALL ZOOM TRAININGS	Date of Training/Time	Select Training (X)	Cost \$\$
<i>ITS SIDS</i>	September 17, 2020 6:30-8:30PM	<input type="checkbox"/>	\$5.00
<i>ITS SIDS</i>	October 14, 2020 6:30-8:30PM	<input type="checkbox"/>	\$5.00
<i>ITS ISDS</i>	October 27, 2020 6:30-8:30PM	<input type="checkbox"/>	\$5.00
<i>ITS SIDS</i>	November 10, 2020 6:30-8:30PM	<input type="checkbox"/>	\$5.00
<i>ITS SIDS</i>	December 8, 2020 6:30-8:30PM	<input type="checkbox"/>	\$5.00
<i>Emergency Preparedness & Response in Early Childhood Setting (EPR)</i>	November 17, 2020 6:30-8:30PM	<input type="checkbox"/>	\$5.00
		GRAND TOTAL	\$

For Office Use Only:

Date Received: _____

Check# _____ MO _____ Receipt# _____

Date: _____

Smart Start of Davidson County
306 East US Hwy 64
Lexington NC 27292
Phone: 336-249-6688
Fax#: 336-249-6687

Active participation during the live event is required to receive DCDEE credit for this training.

Must have valid email and access to internet

We will inform you as soon as we are able to offer face to face trainings.