

Early Childhood Educator Training Registration Form

**Instructor: Althea Penn, Educational Consultant
Bright from the Start DECAL approved trainer and training**

Please print and complete all information.

NAME OF CENTER/SCHOOL/PRIMARY ATTENDEE: _____

CENTER OR ATTENDEE STREET ADDRESS: _____ CITY _____

ZIP _____ PHONE NUMBER: _____ FAX NUMBER: _____ E-MAIL _____

TYPE OF CENTER: SCHOOL/CENTER ___ GROUP DAY CARE ___ FAMILY DAY CARE ___ WEBSITE _____

ATTENDEES

Name (Last, First)	Type of Registrant Owner, Director, Lead Teacher, Assistant Teacher, other	Years Exp.	Age Group Infants, Toddlers, Preschool, Kindergarten, or School Age

SESSION

Session Titles	Date/Time	Location	Adv. Reg.	Reg. onsite	# of Atten-dees	Amt Due

Please sign below after reading the following important information:

I understand that all registration fees are nonrefundable; however they may be transferred with prior approval (a minimum of two days prior to the training date). **The advance registration deadline is fourteen business days prior to the training.** *Group discounts apply to pre-registered attendees only.*

Please arrive 15 minutes before the start time of the training.

Participants who arrive later than the first 10 minutes of the training may not be permitted to enter and will not receive credit for the course.

To allow for the best training experience for everyone, children and cell phones are not permitted. Calls may be made during scheduled breaks.

Participants must be present during direct instruction periods in order to receive credit for the course, therefore you must return in a timely manner from all breaks.

No refunds will be allowed after registration deadline.

Mail the completed registration form along with a check or money order to:

Althea Penn, Educational Consultant, P. O. Box 392006 Snellville, GA 30039

If paying by credit card email both pages to apenn@pennconsulting.org

Photocopy as needed. Questions? Please call the training registration center at 678.557.8684

Signature _____ Date _____ Check or m.o. # _____

Method of Payment-Charge Authorization Form

Mail or email to: P. O. Box 392006 Snellville, GA 30039 or apenn@pennconsulting.org.

I authorize Penn Consulting to charge my credit/debit card: MasterCard Visa the following fees and charges:

Registration fee and 3 % processing fee _____

Per Diem (Travel expenses) at \$.585/mile _____

Total charges _____

Name (as it appears on credit card):

Company _____

Last _____ First _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Phone #2 _____

Card No. _____

Expiration Date _____ CVC No. (on back of card) _____

Authorized Signature _____ Date _____