4Cs Registration Form

Please complete and mail the registration form with a check or money order to:

4Cs Child Care Resource & Referral
Attn: Education and Training
1500 Sycamore St., Iowa City, IA 52240

We expect you to arrive at your training at least 5-10 minutes early to allow time to sign-in and be seated. If you arrive late, you will not be allowed to receive training credit and you will not be eligible for a refund.

Please print clearly & use only one form per person!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Check one: ☐ I am a parent ☐ Child Development Home Provider
☐ Child Care Center/BASP (Please list) _____

Training Date	Title of Training	County	Cost	Amount enclosed

TOTAL $