4Cs Registration Form

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

4Cs Community Coordinated Child Care
Attn: Education and Training
1500 Sycamore St., Iowa City, IA 52240

Please print clearly!

Name : _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **E-mail:** _____

County in which I provide child care: _____

Check one: ☐ Registered Child Dev. Home ☐ Non-registered Child Dev. Home ☐ Center _____ ☐ Other _____

Remember when you apply for a training through the DHS Training Registry that has a registration fee, your enrollment **will NOT be accepted until 4Cs receives your payment.** Workshops have limited seating so please send in your payment early as spots are filled on a first-come basis!

Training Date	Title of Training	County Where Training will be Held	Registration Fee	Amount Enclosed
	* * REFUND POLICY * * * • All registration fees are non-refundable or transferable. * * * INCLEMENT WEATHER STATEMENT * * * • In the event of inclement weather, we will make every effort to notify you of a cancelation or postponement—please make sure your contact information is up-to-date. Decisions will be made as early in the day as possible.			