CHILD CARE SOLUTIONS
Navigating the way to high quality child care

CLASS TRAINING REGISTRATION FORM

Student Name: _____

Center (if applicable): _____

Phone number: _____ E-mail: _____

Child Care Solutions Member? ☐ No ☐ Yes , Member ID _____

DATE(S)	CLASS TITLE	TIME	CATEGORIES	INSTR.	COST
TOTAL					

Office Use ONLY

Date Paid _____

Amount Paid _____

Financial Assistance

☐ Educational Incentive Program (EIP)

☐ CSEA / VOICE Prof. Dev Program

CSEA # _____

Payment Method

☐ **Check** _____

☐ **Cash** _____

☐ **Money Order** _____

☐ **Credit Card:** Visa Mastercard Discover

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

EXP *(MM/YY)* _____ CVV/CVC _____

Please mail or deliver your completed form and payment to Child Care Solutions (1101 Erie Blvd East, Suite 100, Syracuse, NY 13210). An after-hours drop box is available on weekends and weekdays after 4:30 PM.