

Please fill in all of the information on this form. Incomplete forms will not be processed.

**Completion and submission of this form will not register you for training classes.** Please read all of the detailed information below.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Title/Position:  Center Director  Center Teacher  Center Support Staff

Family Child Care Provider  Family Child Care Home Assistant

Group Child Care Provider  Group Child Care Home Assistant

Relative Care Provider  Parent

Interested in Becoming a Center Director

Interested in Becoming a Center Teacher

Interested in Becoming a Family or Group Home Prov.

Other: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is this child care program:  Licensed  Exempt

Is this child care program participating in QRIS?  Yes  No  Not Applicable

Have you taken training at GRECS in the past?  Yes  No

When this form is received by GRECS, you will receive an email or phone call by one of our staff consultants. At that time we will schedule an appointment so that we can walk you through the training registration process online and answer any questions you have.

**Completing this form will not register you for training classes.** You must register online for training classes. Establishing your online account through this paper process will significantly delay your registration request and may prevent you from getting in the classes you request.

*I understand that completion and submission of this form does not constitute registration in any training classes and that initiating this process will likely result in classes having limited/no availability at the time registration is completed.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_