



Training Registration Form

Please copy this form
Please complete a separate form for each person for each training or class.
OR REGISTER ONLINE at www.childcarewestchester.org

| | |
|-----------------------------------|---------------------|
| Title of Training _____ | Code _____ |
| Cost _____ Date of Training _____ | |
| Title of Training _____ | Code _____ |
| Cost _____ Date of Training _____ | |
| Title of Training _____ | Code _____ |
| Cost _____ Date of Training _____ | TOTAL PAYMENT _____ |

ATTENDEE INFORMATION:

Name _____

Home Address _____

City/State _____ Zip _____

Cell Phone Number _____ Personal Email _____

Would you like to be a part of our email list? Y N If yes, Program Email Address Personal Email

PROGRAM INFORMATION: Program Name: _____

Family Group Family Center School Age

Director _____

Program Address _____

City/State _____ Zip _____

Program Phone Number _____ Program Email _____

PAYMENT INFORMATION: All trainings must be paid for in advance.
Your payment information is safe and secure. For questions about payments to the Council, please contact our finance office at 914-761-3456 x163

Council 2022 Membership Number _____ (if applicable)

Payment options
 Visa Master Card AMEX Personal Check Money Order Business Check EIP Voucher

Make checks payable to: Child Care Council of Westchester

Name as it appears on credit card _____

Credit Card # _____ CCV# _____ Expiration date _____

Billing Address _____

City/State _____ Zip _____

Mail registration form to Child Care Council of Westchester, Attn: Finance Dept.
313 Central Park Avenue, Scarsdale, NY 10583
Fax to (914) 885-1110 OR you can register online at www.childcarewestchester.org.