

# REGISTRATION FORMS

## TRAINING REGISTRATION SLIP

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PS#: \_\_\_\_\_ Facility/Center: \_\_\_\_\_

Training Title: \_\_\_\_\_

Date: \_\_\_\_\_ Fee: \_\_\_\_\_

Please return to Child Care Connections, 1600 Ellis St. Unit 1-A, Bozeman, MT 59715

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**Remember Registration for a training is due 48 business hours prior to that training and must be accompanied by payment. You may make copies of these forms as needed. Remember, one form per person per training complete with all information. Thank you!**