

## CDA Training Registration Form

Niagara Falls / Grand Island / Lockport / Albion / Buffalo / Amherst / Hamburg / West Seneca / Other

**Location** of Training you're registering for: PLEASE CIRCLE LOCATION OF FIRST AND SECOND CHOICE

### Personal Information:

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

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

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

SS# \_\_\_\_\_

### Professional Information:

How long have you been working in Child Care?: \_\_\_\_\_

How long have you been working at your present child care center?: \_\_\_\_\_

What is the best thing about working in the child care industry?: \_\_\_\_\_

\_\_\_\_\_

What is the worst thing about working in the child care industry?: \_\_\_\_\_

\_\_\_\_\_

What is something you would like to change in the child care industry?: \_\_\_\_\_

\_\_\_\_\_

Would you like to receive emails about Attollo trainings and our newsletter?: circle one: Yes No

### Tell us about yourself and your career aspirations.

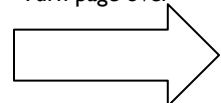
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\_\_\_\_\_

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Turn page over



**In case of emergency, please provide contact name, relationship and telephone number:**

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Any medical conditions or allergies we should be aware of in case of emergency: \_\_\_\_\_

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I understand that the training for which I am registering with this application will entitle me to a certificate for the hours of training I complete AND I am responsible for FULL payment of this training after the first class begins (even if I drop out of training).

- I have applied for an EIP grant, and/or attached in a copy of the application or the award letter. I understand that I am responsible to track payment (EIP website or by phone) and make sure that it is paid in full to Attollo Consulting and Training Strategies (ACTS). Otherwise, it is my responsibility to pay the full amount (even if I drop out of class after it begins) if not received by ACTS within 60 days of training.
- I have enclosed payment in full.
- My employer will be issuing a check for payment in full or any balance left uncovered by grant/scholarship money. Payment MUST be received by ACTS NO LATER THAN 30 business days after training. (must be signed by employer)

\_\_\_\_\_  
Signature of employer

- I have signed a payment agreement with ACTS to pay for this training prior to starting the classes.

I have read and understand the agreement above. By signing I agree to this agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

I understand that the training Attollo Consulting and Training Strategies provides, will allow me to apply for my CDA credential through the Council for Professional Recognition (the Council) in Washington, D.C. Participating in this training does not guarantee that the Council will award me a CDA credential. Further, I confirm that any and all information I provide on this Registration Application is true and current to date.

Signature \_\_\_\_\_

Date \_\_\_\_\_

ACTS 11/08

**Return MAIL to: 5677 S. Transit Rd PMB 311 Lockport, NY 14094  
Please enclose \$75 non-refundable deposit to ensure registration**