Science for Early Care and Education Providers

Registration Form

**Registration will be granted on a first come / first served basis.*

Please print legibly

Name _____ Title _____

Employer _____

Is your program/position funded by: ☐ Early Head Start ☐ Preschool Head Start

☐ Pre-Kindergarten ☐ Other _____

If you're a Sheltering Arms employee, at which center are you currently employed? _____

Home Street Address _____

City _____ State _____ Zip _____

Work Phone _____ Cell *(optional)* _____ Home *(optional)* _____

Preferred Email _____ Fax _____

I would like to register for the Science for Early Care and Education Providers

Class Date & Location (please check one)

- ☐ July 10th — Sheltering Arms' Georgia Training Institute
  385 Centennial Olympic Park Drive NW, Atlanta 30313
- ☐ July 22nd — Tallatoona CAP, Inc.
  Quality Care for Children (CCR & R of Northwest GA)
  913 North Tennessee Street, Suite 202, Cartersville 30120
- ☐ July 29th — Enrichment Services Program, Inc.
  900 Linwood, Columbus 31902

Tuition Fee: $100 per registration

Supervisor commitment statement & signature

I am committed to support this student in attending class.

Supervisor's Signature _____ Date _____

Payment (course tuition must be paid in full BEFORE your class begins)

Total Tuition Amount: $100 per registration

☐ I will bring payment on the first day of class (checks must be made payable to Sheltering Arms)

☐ Visa ☐ MasterCard Number: _____ Expiration Date _____

To Register:

By Phone: 404-523-9906, ask for Nika Shields
By Fax: 404-523-9460, Attention: Nika Shields
By Mail: Sheltering Arms, Att. Nika, 385 Centennial Olympic Park Dr NW, Atlanta 30313

This opportunity is brought to you by the Georgia Head Start State-Based Training & Technical Assistance Office, through collaboration with Mercer University and Sheltering Arms' Georgia Training Institute.