

Training Registration Form

CareLink Resource Development Center

26 Amherst Street * PO Box 1389 * Sanford, ME 04073 www.carelinkrdc.com
 (207) 324-0735 or 1-888-917-1100 from within York County

To registers for training event(s) please fill out this form completely and mail it with your registration fee to the above address. **One form per participant please.**

Please note that payment is due at the time of registration.

Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Are you a member of the Maine Roads to Quality Registry? Yes/No

Are you a member of Quality for Maine System? Yes/No

Do you require any special supports for your training? _____ If so, please explain: _____

Name of facility where you work: _____

Type of facility (i.e. center-based, family child care, small facility): _____

Training(s) for which you want to register:	Location	Start Date	Fee

We do accept VISA or MASTERCARD (circle one)

Card # : _____

Exp. Date: _____

Registration is due a *minimum* of two weeks prior to class start date.

- It is important we have contact numbers for you during the winter months in case of inclement weather
- 1 to 2 weeks notice is given if a class is going to cancel (except in times of inclement weather)
- Payment is due at the time of registration
- If you have any questions please call or email Staci or Michael