

3. Name three (3) things you will do to improve the quality of care you provide for children as a result of this information?

One Hour Training Registration Form

Name (First) _____ (Middle Init.) _____ (Last) _____

Home Street Address _____

City _____ State _____ Zip Code _____

County _____ Home Phone () _____

Email address _____ Date of Birth _____

Type of Provider (Check one): Family Group Center Relative/Day Care Aide Other

Worksite Name _____

License/Registration Number _____

Upon successful completion, you'll earn 1 hr of training. (Training is tax deductible as a business expense.)

Please make check payable for \$10 to Child Connect for Family Success. Mail payment, Assignment and Registration form to Child Connect for Family Success, 2710 E. Grand River, Suite 6, Howell, MI 48843