



GAPITC Registration Form



PROGRAM INFORMATION

PLEASE PRINT

2013 – 2014 Training Dates: Series II Brain Development and Professionalism

- October 26, 2013 – Coastal Georgia Center, Savannah, GA – 9:00 AM until 4:00 PM
- November 16, 2013 – Hilton Garden Inn, Albany, GA – 9:00 AM until 4:00 PM
- January 11, 2014 – Gwinnett Center, Duluth, GA – 9:00 AM until 4:00 PM
- February 8, 2014 – Augusta Marriott Hotel & Suites, Augusta, GA – 9:00 AM until 4:00 PM

Child Care Center/Group Program Legal Name:

License #: CCLC-

Facility (Site) Name:
(if different from legal name)

Supervisor/Director Name:

Family Day Care Homes Provider Name:

Registration #: FR-

Site Address: Street Address: _____
 City: _____
 State: *Georgia* Zip: _____
 County: _____

ATTENDEE INFORMATION

COMPLETE ALL SECTIONS

Attendee Name:
(if different from FDCH Provider)

Type of Registrant: Center Owner/Director
 Family Child Care Provider
 only one Teacher
 Other

Social Security Number:

Date of Birth:

Email Address:

Phone: ()

The requested information is necessary to complete your registration in our secured online site.

Return the completed form to Jacquice Jones via fax at (770) 359-4788 or via email at jacquice.jones@dec.al.ga.gov.