GAPITC Registration Form

PROGRAM INFORMATION

PLEASE PRINT

2013 – 2014 Training Dates: **Series III** ***Creating a Quality Rated Learning Environment***

- ❑ March 1, 2014 – Coastal Georgia Center, Savannah, GA – 9:00 AM until 4:00 PM
- ❑ March 8, 2014 – Hilton Garden Inn, Albany, GA – 9:00 AM until 4:00 PM
- ❑ May 10, 2014 – Georgia International Convention Center, College Park, GA – 9:00 AM until 4:00 PM
- ❑ June 14, 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:** (☑ only one) ❑ Center Owner/Director ❑ Family Child Care Provider ❑ 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@decal.ga.gov .