

Self Paced CDA Introduction Registration Form

Session Date: _____

Session Location: _____

Please Print

Name _____

Address _____

City/State/Zip Code _____

Home phone number _____

Email _____

Date of Birth _____ Last five digits SSN _____

Child Care Site Name _____

Title/position _____

Child Care Site type : _____ Licensed Child Care Center
 _____ Licensed Child Care Home
 _____ Unlicensed registered ministry
 _____ Unlicensed child care home
 _____ Other Unlicensed child care facility

Approximately how many hours of early education/child care training have you attended in the past four (4) years: _____ less than 10 hrs
 _____ 10-50 hours
 _____ 51-100 hours
 _____ more than 100 hours

Are you interested in obtaining trainings online: Check one: _____ Yes _____ No

Are you interested in obtaining trainings on DVD/CD Check one: _____ Yes _____ No

How many years have you been working in the child care field _____

Please complete and return with your \$50 payment made payable to CASY to:

CASY Self Paced CDA Program
1101 South 13th Street
Terre Haute, IN 47802

