

Early Childhood Professional Development Registration Form

(Please PRINT CLEARLY and complete all sections below.)

Last Name _____ First Name _____
Home Address _____
City _____ State _____ Zip _____
Phone (_____) _____
Number where messages will be received.
Email _____
Please provide an email address, if available, for workshop confirmation and notices.
 I'd like to receive information about CES programs by email (we do not sell email information).

Name of Center/Agency, if applicable:

Phone (_____) _____
Please check the type of program you work in:
 Family Child Care Preschool Infant/Toddler Public School
 Social Worker Community Agency (i.e. WIC, EI, DCF etc.)
 Other _____

I wish to register for the following training(s):
There is no additional cost for CEUs.

Training Title: _____
Date: _____ Cost: _____

Training Title: _____
Date: _____ Cost: _____

Training Title: _____
Date: _____ Cost: _____

AMOUNT ENCLOSED (nonrefundable*): _____
Please make check payable to Collaborative for Educational Services.

IMPORTANT: Mailed registrations must be received at least 5 business days prior to the date of the training.
*Refunds will be made if CES cancels a training. For withdrawals made up to 7 business days before the training start date, we will apply payment to another training or offer a refund.



collaborative.org / ec-professional-development

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