

Training Registration Form

Name of Training: _____

Training Fee (If applicable) Enclosed: _____

CEU Processing Fee Enclosed: _____

Name: _____

Address: _____

City: _____ State: MI Zip: _____

Home Phone: () _____

County: _____

Provider Type (Circle): Center, Group, Family, Relative Provider or Day Care Aide

Make all checks payable to: **Child & Family Services of NE MI.**

Mail to:

Child & Family Services
Attn: Robin
1044 US 23 North
Alpena, MI 49707

Any questions please call 1 (866) 424-4532 or (989) 354-8089 and ask for Robin.

*****Registration Policies**

Pre-registration is required for all trainings. Child & Family Services 4C may cancel a class due to inclement weather or low enrollment. If this occurs, registrants may register for the rescheduled workshop or receive reimbursement if a registration fee was required. Registration fees are non-refundable for classes that are scheduled and held accordingly. Certificates can only be given to those who complete the entire training.