



# CHILD CARE AND DEVELOPMENT FUND PROGRAM

## Pre-Registration Form for Non-CCDF Providers Only

(Updated 07.13.2020)  
To be completed individually



Center Name: \_\_\_\_\_ Site: \_\_\_\_\_  
Participant's Complete Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Center Director's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Effective Start Date in the Program: \_\_\_\_\_

How many Pre-Service Training Topics completed to date (if applicable):	Total Annual Training Hours completed to date:
---	--

**Role In the Program:**  Director  Lead Teacher  Infant Toddler Caregiver  Preschool Teacher  
 Afterschool Teacher  Others \_\_\_\_\_ (pls. indicate)

**Type of Activity (Check One):**

Pre-Service Training  Workshop  Annual Mandatory Provider Orientation  
 On-going Health and Safety Training  Technical Assistance (TA)  Others: \_\_\_\_\_  
(pls indicate)

**Title of Training:** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Venue: \_\_\_\_\_ or Call CCDF Office 3 Workdays prior to scheduled date for confirmation

**Please Note:**

1. See current CCDF Professional Development Calendar to complete the information.
2. Registration is on a FIRST COME FIRST SERVED basis and to be submitted **as indicated on the CCDF Professional Development Calendar**. Any changes to this form will deem the Pre-Registration INVALID and participants will not be confirmed.
3. You may email YOUR COMPLETED FORM to person as indicated on the CCDF Professional Development Calendar. It is your responsibility to call the CCDF Office or Evergreen Learning to get confirmation of receipt of this document.
4. Slots are limited. Meals and Snacks will not be provided.
5. **Effective start date in program** means the date CCLP Office has approved employee as meeting CCLP Staff requirements and therefore able to work and/or be with children.
6. CCDF will not accept a "for" signature.

**IMPORTANT:**

1. Centers or programs must have updated requirements from CCDF and CCLP Programs up to the date of the scheduled training.
2. Completion of the trainings means a certificate has been provided by NMC and/or CCDF.
3. Participants who are confirmed and fails to complete the training will reimburse CCDF Program the amount to range between \$25.00 to \$125.00. Failure to reimburse CCDF Program will mean non-participation in other CCDF-sponsored trainings, workshops, and Technical Assistance for a year. You will be informed of the specific amount.
4. Changes to participants maybe accommodated provided **written notice** is received and approved by CCDF at least 5 days before the scheduled date of activity.
5. Emergencies will be accommodated provided written notice is received by CCDF at least 1 hour prior to scheduled training and a documentation is provided (if applicable). Forward notice of emergencies to [mloste.cnmiccdf@gmail.com](mailto:mloste.cnmiccdf@gmail.com) or [ccdf.roselleteregeyo@gmail.com](mailto:ccdf.roselleteregeyo@gmail.com) or text messages to these numbers: 670-285-2810 or 670-783-8573.
6. Participants will not be confirmed for the training unless the following are completed:
  - a. Updated CCDF/CCLP Staff requirements
  - b. Completed Pre-Registration Form and Signed Acknowledgement for this training
  - c. Timely submission of Registration Form
7. Incomplete forms will be returned.

## TRAINING ACKNOWLEDGEMENT FORM

I am aware that the training above is being made available that I may increase my knowledge and skills in caring for young children.

I am aware that at the completion of the course/training that I am expected to use the knowledge and skills I have learned.

I am aware that this training is being offered free of charge to me.

I am aware that completion of this training means I have received a Certificate from CCDF Program.

I am aware that when I do not complete this course that CCDF Program will still pay for the slot allocated to me as a result of my confirmation to attend the training.

I am aware that in the event I do not complete this course/training that **I will reimburse CCDF Program** the cost of the training allocated to the slot I confirmed. This amount ranges between \$25.00 to \$125.00 depending on the type of training, workshop, and/or TA that was missed. I will be informed of the specific amount I will pay.

I am aware that the payment should be made before the next scheduled training I am identified to go or within 30 days from last date of this training as indicated on this form, whichever is earlier.

I am aware that should I fail to reimburse CCDF Program for the cost of the course/training that I will not be able to access other free trainings as offered by the CCDF Program for a year beginning the last day of the course/training as indicated on this form.

In the event I am unable to attend or failed to complete this training, it is my responsibility to provide written notice to CCDF Office, the **following business day of the reason/s for non-attendance or non-completion with supporting documentation.**