

Registration Form for SCLFCCA Sponsored Evening Trainings

Member of SCLFCCA

Name _____ Yes NO

Address _____

City _____ State _____ Zip _____

Telephone _____ Email Address _____@_____

Class fees are non refundable

Please check the classes you wish to attend:

- _____
- _____
- _____
- _____
- _____

_____ **Total number of classes you wish to attend**

\$10.00 per training for SCLFCCA Members \$15.00 Per Training for Non-Members

Scott County Licensed Family Child Care Membership Form

I would like to become a member of the SCLFCCA and save on the training's I signed up for and for future training's and workshops

_____ **\$20.00 New/Expired Member** _____ **\$15.00 Renewal of Current Membership**

Send the registration form with a check payable to SCLFCCA to Laurie Cornelius, 7407 Taylor Court, Savage, MN 55378. For training questions please contact Michelle Herzog 952-492-2104.