

VICTORIA CCRR AUTUMN 2019 REGISTRATION FORM

Participant Name: _____ Child Care Centre: _____

Check all that apply: Registered LNR Licensed Family Care Group/Preschool Care

Participant's Email: _____ Phone (Day): _____

Please indicate which workshops you would like to attend.

	Title	Date	Time	Price	Location
<input type="checkbox"/>	Music With Barb	Wednesday, September 18th	6:15 — 7:45 PM	\$20	Victoria CCRR
<input type="checkbox"/>	Embracing Gender-Creative Children	Saturday, October 5th	10:00 AM— Noon	\$25	Victoria CCRR
<input type="checkbox"/>	Infant-Toddler Workshops	Saturday, October 19th	10:00 AM— 3:00 PM	\$50	Victoria CCRR
<input type="checkbox"/>	Common Challenges: Aggression and Self-Control	Wednesday, November 13th	6:15—8:15 PM	\$20	Victoria CCRR

Registration confirmation will be sent by e-mail. Full payment for all workshops and courses must be included with this form. No post-dated cheques will be accepted.

Credit Card Payment Information

Credit Card Holders Name: _____ (As shown on Card)

Credit Card Number: _____ - _____ - _____

Expiry Date: ____/____/____ Total Amount: \$ _____ Type: Visa M/C

Signature: _____



Victoria Child Care Resource and Referral
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