

VICTORIA CCRR WINTER SPRING 2019 REGISTRATION FORM

Participant Name: _____ Child Care Centre: _____

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

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

Please indicate which workshops you would like to attend.

	Title	Date	Time	Price	Location
<input type="checkbox"/>	Understanding Your Leadership Style	Saturday, January 19th	9:00AM — 2:00 PM	\$50	Victoria CCRR
<input type="checkbox"/>	Healthy Boundaries	Wednesday, January 23rd	6:00—9:00 PM	\$30	Victoria CCRR
<input type="checkbox"/>	Early Childhood Grief Support	Wednesday, February 13th	6:15—8:30 PM	\$20	Victoria CCRR
<input type="checkbox"/>	Kids Have Stress Too! Add Guide (\$30)	Saturday, February 23rd	9:00AM—3:00 PM	\$60 \$90	Victoria CCRR
<input type="checkbox"/>	Visioning Your Future	Wednesday, March 6th	6:15—8:45 PM	\$25	Victoria CCRR
<input type="checkbox"/>					
<input type="checkbox"/>	Storyoga	Saturday, May 18th	10:00 AM—Noon	\$25	McTavish Academy of Art, Sidney

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: _____