



REGISTRATION FORM

2016 Fall Infant Toddler Conference

If multiple staff members are registering, please submit one form per person.

Online registration is available at ChildCareWestchester.org

Name _____ Phone _____

Program name _____ E-Mail* _____

Street Address _____ City, State, Zip code _____

*E-mail address is required for registration confirmation.

Please indicate a 1st choice _____ and 2nd choice _____ of breakout session.

A: Words, Words, Words, Words, Words

B: Structuring an Appropriate Social-Emotional Curriculum for Infants and Toddlers

C: Pause, Observe and Reflect: The First Steps in Developing a Responsive Curriculum

D: I've Got the Music In Me

E: Accessing Early Intervention Services

Registration Fees and Payment

By 11/2/16: CCCW Member \$30 _____ or Non-Member \$45 _____

After 11/2/16: CCCW Member \$40 _____ or Non-Member \$55 _____

CCCW Membership Number _____

Total Amount Enclosed \$ _____ ☐ Check ☐ Money Order ☐ EIP Voucher ☐ Credit Card

**Please make checks payable to the Child Care Council of Westchester.
Mail checks and completed registration forms to:
Child Care Council of Westchester, Inc., 313 Central Park Avenue, Scarsdale, NY 10583**

If paying by credit card, FAX form to 914-885-1110

For credit card payment, **Name as it appears on credit card** _____

I am paying by: ☐ Visa ☐ MasterCard ☐ American Express

Credit card # _____ Expiration date: _____

Billing Address: _____ City _____ State _____ Zip _____

Signature _____ Today's date: _____

Sorry! No refunds will be given.

Questions? Sandraa@cccwny.org (914) 761-3456 ext. 134

For Office Use Only: Please do not mark in this space. Received _____ Data Entered _____
Amount Enclosed _____ E-mail sent _____ Code# 215