



## 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](http://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 1<sup>st</sup> choice \_\_\_\_\_ and 2<sup>nd</sup> choice \_\_\_\_\_ of breakout session.**

- A: 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](mailto: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