



**EARLY  
CHILDHOOD  
SERVICES**  
Montgomery County  
Department of Health & Human Services

**MONTGOMERY COUNTY CHILD CARE  
RESOURCE & REFERRAL CENTER**

**Registration Form**  
**Questions? 240-777-3203**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*\*Required for confirmation*

Type:  FCC  Center Staff  Director/Admin  Other: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Class:

Price:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I have read and understand the registration policies*

Total Due: \_\_\_\_\_

Enclose check or money order (*payable to **MCDHHS***) and mail to:

Montgomery County CCRRC

Attn: Training

1401 Rockville Pike, Suite 200

Rockville, MD 20852

*\*For your security, we can no longer accept over the phone registration via credit card. To pay by credit card, please go to [www.montgomerycountymd.gov/mccrrc](http://www.montgomerycountymd.gov/mccrrc)*