

# Gateways to Opportunity® Registry Training Event Attendance Form

Trainer Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Training Title: \_\_\_\_\_ Training Event ID: \_\_\_\_\_ Date: \_\_\_\_\_

<p><i>(Please Initial)</i></p> <p><b>Day 1</b></p> <p><b>Day 2</b></p> <p><b>Day 3</b></p> <p><b>Day 4</b></p>	<p>Registry Member ID: _____</p> <p>Name <i>(Please Print)</i>: _____</p> <p>Agency/Center: _____</p> <p>Legal Status of Child Care Setting: <input type="radio"/> Licensed <input type="radio"/> License-Exempt</p> <p>Address: _____</p> <p>City, State, ZIP: _____</p> <p>County: _____ This address is: <input type="checkbox"/> Home <input type="checkbox"/> Work</p> <p>Phone: _____ Email: _____</p>	<p><b>Job Title:</b></p> <p><input type="radio"/> Center Director <input type="radio"/> School-Age Child Care Teacher <input type="radio"/> Family Child Care Provider</p> <p><input type="radio"/> Center Assistant Director <input type="radio"/> School-Age Child Care Assistant <input type="radio"/> Group Family Child Care Provider</p> <p><input type="radio"/> Center Teacher <input type="radio"/> Youth Development Practitioner <input type="radio"/> Group Family Child Care Assistant</p> <p><input type="radio"/> Center Assistant Teacher <input type="radio"/> Other: _____</p> <p><b>Ages of Children You Currently Work With:</b></p> <p><input type="radio"/> 6 wks–14 mos. <input type="radio"/> 15–23 mos. <input type="radio"/> 24–35 mos. <input type="radio"/> 3–4 yrs.</p> <p><input type="radio"/> 5–12 yrs. <input type="radio"/> 13–21 yrs. <input type="radio"/> None</p> <p><b>Does Your Program Serve Publicly Funded Children?</b> <input type="radio"/> Yes <input type="radio"/> No</p>
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