Gateways to Opportunity® Registry Training Event Attendance Form

Trainer Name: _____ Member ID: _____

Training Title: _____ Training Event ID: _____ Date: _____

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

Gateways to Opportunity® Illinois Professional Development System

Administered through inccrra

Illinois Department of Early Childhood