CDA Self Paced Introduction Registration and Information Form

Date of session attending _____

Place of session attending _____

Please Print

Your Name_____

Address_____

City/State/Zip Code_____

Home phone number_____

Email_____

Date of Birth_____ Last five digits SSN_____

Child Care Site Name_____

Your title/position_____

Child Care Site type : _____ Licensed Child Care Center
_____ Licensed Child Care Home
_____ Unlicensed registered ministry
_____ Unlicensed child care home
_____ Other Unlicensed child care facility

Approximately how many hours of early education/child care training have you attended in the past four (4) years: _____ less than 10 hrs
_____ 10-50 hours
_____ 51-100 hours
_____ more than 100 hours

Are you interested in obtaining trainings online: Check one: _____Yes ____No
Are you interested in obtaining trainings on DVD/CD Check one: _____ Yes ____No

How many years have you been working in the child care field _____

Please complete and return with your $50 payment made payable to CASY to:

CASY Self Paced CDA Program
1101 South 13th Street
Terre Haute, IN 47802

CASY Chances And Services for Youth