

FAMILY CHILD CARE TRAINING REGISTRATION FORM

Fall 2010 – Level 1 Classes

Please answer the following questions to ensure you qualify for this course

Are you looking after other people's children in a home environment,
or planning on doing so in the near future? Yes

Do you live in York Region? Yes

Classes are 7:00 p.m. – 9:30 p.m. once a week for 12 weeks.
Are you willing to make a 12 week commitment? Yes

Are you over 18? Yes

If you answer yes to the above questions, please fill out the registration form and forward to Sharon, by mail, fax or email.

York Professional Care & Education, Attention: Sharon, 15203 Yonge St., Aurora, ON, L4G 1L8. Fax: (905) 841-8889 Email: inquiries@ypce.com

Registration is based on 1st come 1st serve, and classes are subject to minimum enrolment.

Classes will commence the week of September 13, 2010.

Name: _____
(First) (Last)

Address: _____ Apt: _____

Town: _____ Postal Code: _____

Telephone: (home) _____ (cell) _____

Email: _____

I wish to attend Level 1 classes at the following location. (please check one)

Aurora (Aurora H.S.) Richmond Hill (Bayview Secondary School)

Woodbridge (Fossil Hill P.S.) Markham (Central Park P.S.)

You will be sent a confirmation letter. Please bring with you to the 1st day of class.

Your preferred confirmation sent by Mail Email