



Southwestern Child Development Commission, Inc.

...excellence in early childhood education

Est. 1972

Workshop Registration

Please complete one form for each individual and a separate form for each workshop event.
ALL QUESTIONS MUST BE COMPLETED.

Name of Workshop: _____

Date of Workshop: _____ Location of Workshop: _____

Have you attended a workshop on this topic before? ___ Yes ___ No

Registrant First Name: _____ Last Name: _____

Last 4 digits of Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____ County: _____

Email Address: _____

Gender: ___ Female ___ Male Number of children you work with: ___ ages 0-5 ___ 6 and up

Your primary language: ___ English ___ Spanish ___ Other: Specify _____

Ethnicity: ___ Caucasian ___ African American ___ Hispanic/Latino ___ Multi-racial ___ Prefer not to disclose. Do you need a translator? _____

Education Level: ___ High School/GED ___ High School and some college ___ 2 year degree
___ 4 year degree or higher

Amount of Payment enclosed: _____

Registration and payment must be received 7 days prior to the workshop.

Please complete and mail with payment by check or money order to:

Southwestern Child Development Commission, Inc.

P. O. Box 250

Webster, NC 28788

For more information, call 828-586-5561.

User Name:

Password:

Serving Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain Counties
A Child Care Resource and Referral Agency, 1-800-662-4158

Agency Mailing Address
PO Box 250
Webster, NC 28788
www.swcdcinc.org

Main Office
P. 828-586-5561
F. 828-586-4039

Haywood County Office
P. 828-456-4473
F. 828-452-1914

Cherokee County Office
P. 828-837-9155
F. 828-837-9191