



EARLY LEARNING COALITION
OF POLK COUNTY

Training Registration Form

Participant Information

Name	_____	Phone	_____
Title	_____	Cell	_____
Address 1	_____		
Address 2	_____		
City	_____	ST	FL ZIP _____
Email	_____		
Provider Site	_____		
Director Name	_____		
Phone Number	_____	Fax Number	_____

Training Information

<input type="checkbox"/> School Readiness	Name of Training	_____	
<input type="checkbox"/> VPK	Date of Training	_____	
	Fee for Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Amount	\$ _____	
	<input type="checkbox"/> Money Order/Check	<input type="checkbox"/> Cash (In Person ONLY)	

Registration is not final until payment is received. **Payment must be received with registration form by mail or brought in person to the Coalition office. One registration form per participant.**

Registrants may pay for trainings by check, money order, or cash. Cash payment should be made in person to the Coalition office fiscal person only; please **DO NOT send cash via the mail**. Please do not give payment of any kind to a staff member outside of the Coalition office. Checks and money orders should be made payable to Polk County School Readiness Coalition, Inc. Any fees or insufficient fund charges are the sole responsibility of the check writer.

Mail (or bring) payment to:

Early Learning Coalition of Polk County
115 S. Missouri Ave., Ste. 201
Lakeland, FL 33815

Please refer to the Training Guidelines for any question or concerns.

Print Name: _____ Date: _____ Signature: _____