

Training Registration Form

Pre-registration is required for all 4-C Trainings. Separate forms are needed for each person registering. Space is limited; please register early to secure your place.

Online registration is also available at www.four-c.org/calendar

Training fees are non-refundable and non-transferrable. Fees are due with your registration form. Please make checks payable to 4-C.

Training fees are indicated in the training event listing. Required statewide training fees apply to some ExceleRate trainings regardless of 4-C Membership.

Training Title	Date	Time	Location	Fee

Trainings without fees or deposits may be emailed, faxed, or mailed to:

Ann Wilson, DeKalb office:
444 E Hillcrest Dr. DeKalb, IL 60015
815-758-8149 ext. 226
annw@four-c.org

Jennifer Schwartz, McHenry Office:
667 Ridgeview Dr. McHenry, IL 60050
815-344-5510 ext. 160
jennifers@four-c.org

Trainings with required fees or deposits must be mailed or dropped off at the office.

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____

Please provide cell # in case of last minute changes.

Employer: _____ Phone: _____

Work Address: _____

City: _____ Zip: _____

Do you currently care for children on IDHS Child Care Assistance Program?

Yes _____ No _____

Does your program have a current 4-C Membership?

Yes _____ No _____

Licensed Status: DCFS Licensed ____

License-Exempt _____

I am in the process of licensing _____

Position: Relative Caregiver _____

FCC Owner _____

FCC Staff _____

Director _____

Assistant Director _____

Teacher _____

Assistant Teacher _____

Check all ages currently enrolled:

Center Staff: please check the primary age with which you currently work (choose one)

Infants _____

Preschoolers _____

Toddlers _____

School-agers _____

Twos _____