



MSDH CHILD CARE LICENSURE TRAINING REGISTRATION FORM

REPRODUCE AS NEEDED

- 1) All forms must be filled out completely & legibly. Training certificates are issued from this form.
- 2) You will receive an email confirmation (if you do not have an email, one will be mailed to you) which specifies the exact location.
- 3) Pre-registration is required on this form and will be accepted via mail, email, or fax. Please refer to the Region listed on the Provider Training Schedule and send your registration form to the following trainers:
 - a. **Region 1** (North) – Carol Bishop, MSDH Child Care, 1742 Cliff Gookin Blvd, Tupelo, MS 38801 Fax (662) 842-3045
Carol.Bishop@msdh.ms.gov
 - b. **Region 2 & 3** (Central) – Sandra Smith, MSDH Child Care, PO Box 1700, Jackson, MS 39215-1700 Fax (601) 364-5058
Sandra.Smith@msdh.ms.gov
 - c. **Region 4** (South) – Josie M. Smith, 300 C O Brooks St., Carthage, MS 39051. Fax (601) 267-6277
Josie.Smith@msdh.ms.gov
- 4) Please bring your Regulation book to the scheduled training sessions.

Sessions Requested

Please check the sessions you wish to attend & write the **location & date** you wish to attend on the blank provided.

- | | |
|--|--|
| <input type="checkbox"/> Child Care Regulations _____ | <input type="checkbox"/> Playground Safety _____ |
| <input type="checkbox"/> After-School Regulations _____ | <input type="checkbox"/> Directors Orientation _____ |
| <input type="checkbox"/> Nutrition & Menu Writing _____ | <input type="checkbox"/> Infant/Toddler Group Needs _____ |
| <input type="checkbox"/> Preschool Group Needs _____ | <input type="checkbox"/> After-School Group Needs _____ |
| <input type="checkbox"/> Positive Discipline & Guidance _____ | <input type="checkbox"/> Identifying Infectious Diseases _____ |
| <input type="checkbox"/> Hand-washing/Sanitation _____ | <input type="checkbox"/> Infant/Toddler Regulations _____ |
| <input type="checkbox"/> Promoting Physical Act. w/Preschoolers _____ | <input type="checkbox"/> Infant/Toddler Dev. w/Music _____ |
| <input type="checkbox"/> Promoting Physical Act. w/After-schoolers _____ | <input type="checkbox"/> Maximizing Teacher Potential _____ |

Individual(s) Requesting Registration

Please type or print clearly. Training Certificates will be issued at the end of each session, preprinted for registered participants. Walk-ins will have a certificate mailed to them.

Center Name _____

Mailing Address _____

_____ City _____ State _____ Zip _____ Director _____

Center Telephone _____ Owner _____

Center Fax _____ Center Email _____

Director Designees _____

Participant's Email _____

**THIS FORM IS TO BE USED TO REGISTER FOR SESSIONS PRESENTED BY
MSDH/CHILD CARE LICENSURE**

Instructions for Form No 1055, MSDH Child Care Licensure Training Registration Form
Date 12-13-17

Purpose

The form was created to provide a means for child care providers to register for training provided by the Child Care Facilities Licensure Division.

Instructions

1. Individual requesting to attend a child care training session should complete the following:

Check the box on the session they desire to attend.

Provide the names of those individuals requesting registration.

Provide the complete child care center name as it appears on the child care license.

Provide the complete mailing address of the child care facility.

Provide the name of the child care facility director.

Provide the center telephone number.

Provide the name of the child care facility owner.

Provide the Fax number of the child care facility.

Provide the child care facility email address.

Provide the name of the director designees.

Provide the participants' email address.

Office Mechanics and Filing

Completed records will be filed in the Child Care Facilities Licensure Division or workstation of the child care trainers.

Retention Period

Records will be retained in accordance with the Child Care Facilities Licensure Division's policies.