



Child Care Action Council Class Registration Form

Complete and send this registration form, **along with payment** to:
Child Care Action Council; PO Box 446; Olympia, WA 98507

Call 360.786.8907 x100 with questions.

Registrant Information

Name: _____

Program: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Method: *Note, registration is only complete with a valid method of payment*

Check (enclosed) Money Order (enclosed) Visa MasterCard American Express

Name on card: _____

Billing Address: _____

Number: _____

Expiration: _____ Security Code: _____

Authorized Signature: _____

Participant Name	Class Title	Class Date	Cost
Total Enclosed			