

FAMILY CHILD CARE HOME PRE-LICENSING WORKSHOPS

MAY AND JUNE 2006

WORKSHOP DESCRIPTION: This one-day workshop is a comprehensive review of the North Carolina Family Child Care Home rules and regulations and will be helpful to persons who are planning to operate a family care home. The information presented will focus on family child care home licensing information; region specific zoning and sanitation requirements; detailed information regarding program start-up and operation as it relates to budgeting for quality family child care homes. Workshops will begin at 9:30 a.m. and end at approximately 3:30 p.m. Five hours of training credit will be awarded to each participant for the training. Participants will only receive training certificates if they are in attendance the entire day.

REGISTRATION INFORMATION: Pre-registration is required and each person registering must submit a registration form. The attendance at each workshop is limited by the size of the facility. Registrants will be notified by e-mail (if available), fax, or mail of their acceptance prior to the workshop date. **Registration deadline is 48 hours prior to the date of the workshop. Please do not call to register for a workshop after the registration deadline. Inclement Weather Policy—Pre-Licensing Workshops will follow the public school closure policy in the scheduled location. In the event of a delayed opening, the Pre-Licensing Workshop will begin and end one hour later than scheduled.**

The fee for each person attending is \$22, which includes the *Family Child Care Home Handbook* which is published by the North Carolina Division of Child Development and other materials (to be distributed at the workshop). Two or more persons attending together who wish to share a handbook can attend for an additional \$10 per person. Persons who are unable to attend a workshop may register for a future workshop at no additional cost within 3 months of the initially requested workshop. You may call toll free 1-800-532-9634 or in Mecklenburg County you may call 704-376-6697 if there are questions. Return this registration form along with payment (check or credit card) for the correct amount to **Child Care Resources Inc. (4601 Park Road, Suite 500, Charlotte, NC 28209)**. Or, register online at www.childcareresourcesinc.org.

<u>CITY</u>	<u>DATE</u>	<u>DAY</u>	<u>LOCATION</u>
Raleigh	May 9	Tuesday	Child Care Services Assoc., 319 Chapanoke Rd., Ste. 114
Lumberton	May 10	Wednesday	Robeson County Partnership for Children, 210 East 2 nd St.
Charlotte	May 12	Friday	Child Care Resources Inc., 4601 Park Rd., Ste. 500
Winston-Salem	May 18	Thursday	Smart Start of Forsyth County, 7820 N. Point Blvd., Ste., 200
Pittsboro	May 25	Thursday	Chatham Co. Cooperative Extension, 45 South St, Conference Room
Hickory	June 2	Friday	The Children's Resource Ctr., 1985 Tate Blvd., SE
Fayetteville	June 8	Thursday	Cumberland County Partnership for Children, 350 Wagoner Dr., Ste 200
Webster	June 8	Thursday	Jackson County Family Resource Ctr., 1528 Webster Rd.
Elizabethtown	June 13	Tuesday	Bladen County Partnership for Children, 200 West Broad Street
Charlotte	June 17	Saturday	Child Care Resources Inc., 4601 Park Rd., Ste. 500
Henderson	June 19	Monday	Vance Co. Cooperative Extension, 305 Young St.
Greensboro	June 21	Wednesday	Regional CCR&R Services of Guilford CD, 1200 Arlington St
Rocky Mount	June 26	Monday	Down East Partnership for Children, 215 Lexington St.



REGISTRATION FORM FOR FAMILY CHILD CARE HOME PRE-LICENSING WORKSHOP

Name(s) (please print) _____

Address _____
STREET / P.O. BOX CITY ZIP COUNTY

Telephone: Home: (_____) _____ Work: (_____) _____

Fax: (_____) _____ E-mail: _____

Workshop Location: _____ Workshop Date: _____

Please check type of payment enclosed:

Check (please remit checks payable to: Child Care Resources Inc., 4601 Park Road, Suite 500, Charlotte, NC 28209)
 Visa Mastercard Card # _____ Exp. Date _____

Name as it appears on card _____

I understand and agree that **CHILD CARE RESOURCES INC.** will not be held responsible for any liability, theft, or damage that might occur during this workshop.

AMOUNT ENCLOSED \$ _____ SIGNED _____ DATE _____