



## Region 1 Registration

*(Complete and return to Early Childhood Connections)*

Student's Name: \_\_\_\_\_

CDA Emphasis: (circle one)

Infant/Toddler (center based)

Preschool (center based)

Family Child Care

Home Visitor

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Is it OK to contact you at work? YES NO

If so, what are your work hours? \_\_\_\_\_

**For Official Use Only:**

DATE RECEIVED: \_\_\_\_\_

CRSSA Scholarship Agreement Received: \_\_\_\_\_yes \_\_\_\_\_ no

Pathways Application \_\_\_\_\_yes \_\_\_\_\_no

(Will need copy of HS Diploma, first aid, CPR, and 6 hours of training)