

REGISTRATION FORM 2022-23 EDUCACION INFANTIL

ChildreNinos and Training Early Childhood Educators-TECE

Tel: 979-229-5625, adiliadfrazer@gmail.com

Audience: Educators, Teachers, Home Providers, Administrators, Directors and Parents

_____ **SCIENCES at CEF Garden, date: _____ Free for All**

_____ **CHILD CARE PRESERVICE, date: _____ \$50 for members, \$150 for non-members**

_____ **THE EARLY CHILDHOOD CLASSROOM, Sept. 3, Free for members, \$15 for non-members**

_____ **CDA PREPARATION COURSE, Sept. 3 to Jan. 21, \$450 for members, \$650 for non-members**

_____ **TRAINING OF TRAINERS-TOT, Sept. 30, \$50 for members, \$150 for non-members**

_____ **PROFESSIONALISM, Friday, Sept. 30, \$5 for members, \$45 for non-members**

_____ **PROFESSIONALISM, Saturday, Oct. 1, \$5 for members, \$45 for non-members**

_____ **CURSO DE PREPARACION DE CDA, 1 de octubre a 5 de marzo, \$450 miembros, \$650 non-m**

_____ **LESSON PLANNING, Nov. 19 and Dec. 17, Free for members, \$20 for non-members**

_____ **STOP BULLYING CULTURE DIVERSITY, March 4, \$10 for members, \$45 for non-members**

_____ **PARE EL ACOSO DIVERSIDAD CULTURAL, 4 de marzo, \$10 miembros, \$45 non-members**

_____ **BUSINESS ADMINISTRATION, date: _____ \$250 for members, \$500 non-members**

_____ **OTHER Training: _____ Date: _____ Fee: _____**

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_____ **OTHER Training: _____ Date: _____ Fee: _____**

Total: _____

NON-REFUNDABLE PAYMENT:

Send this registration form and fee to:

Training EC Educators

1205 Hawktree Dr.

College Station, TX 77845

Make checks payable to: **Training Early Childhood Educators**

_____ **Member**

_____ **Non-Member**

Your Name: _____ Cell: _____

For more names, please include on another page.

E-mail: _____ Workplace: _____

Credit Card Payment: Name on Credit Card: _____

Type of Credit Card _____ #: _____

Exp Date: _____ Security code (back of card): _____ Zipcode: _____

Your Name: _____

Your Signature: _____ Date: _____