



# Child Care Choices of Boston

## Orientation Registration Form Module II

Please Print Name: \_\_\_\_\_

Please Print Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (work) \_\_\_\_\_

Please Print Email: \_\_\_\_\_

**Important Notice: Confirmations, cancelations and reminders are sent by e-mail only. We are not responsible for e-mails with the incorrect/invalid addresses**

Are you a: licensed early educator?  certified assistant?

*If you do not have a PQ Number, please apply for one using the following link before applying for this course: <https://www.eec.state.ma.us/PORegistry/>*

PQ #: \_\_\_\_\_

Please print the date of the orientation you are signing up for:

Title of Course	Date	Fee
_____ <b>Orientation – Module II</b> _____	_____	<b>\$30.00</b> _____
	<b>Total Amount:</b>	<b>\$</b> _____

**Payments: Money Orders Only**

**Money Order #** \_\_\_\_\_

**(No Checks or Cash Accepted)**

**PHONE REGISTRATIONS ARE NOT ACCEPTED**

**PAYMENTS ARE NON-REFUNDABLE, EXCEPT WHEN CCCB CANCELS THE ORIENTATION**

**CANCELATIONS AND TRANSFER NEED TO BE DONE "7" DAYS PRIOR TO THE ORIENTATION**

**IF YOU ARRIVE AFTER 6.15 PM YOU WON'T BE ALLOWED TO ENTER TO THE ORIENTATION.**

**CELL PHONE USE IS NOT PERMITTED IN CLASS. PLEASE SILENCE CELL PHONES BEFORE ENTERING TO**

**THE CLASSROOM AND AVOID SENDING/RECEIVING TEXTS MESSAGES**

**CHILDREN, FAMILY MEMBERS AND NON-REGISTERED GUESTS ARE NOT ALLOWED IN THE ORIENTATION**

**\* Participant's Signature Required:** \_\_\_\_\_

**Please make MO payable to:**

**ABCD Child Care Choices of Boston**

**and return to:**

Child Care Choices of Boston  
105 Chauncy St. 2<sup>nd</sup> Floor  
Boston, MA. 02111