

REGISTRATION FORM - *May be duplicated for additional registrations*

First Name	Last Name
SS#	Date of Birth
Mailing Address	
City/State/Zip	
Phone	Email
Emergency Contact (name and number)	
High School Information	
Name of High School: _____	
Graduated: Yes or No	GED: Yes or No

Circle the correct response

Gender:	Male or Female
Ethnic Classification:	Asian or Pacific Islander • American Indian/Alaskan Native Black • Hispanic • White • Other
Employment Status:	Employed Full Time • Employed Part Time (15 Hours Plus) Employed Part Time (Under)15 Hours • Homemaker Unemployed • Other
Program Type:	FCC • Center • Group Home
Years In Position:	Less than 6 Months • 6-12 Months • 1-3 Years • 3 Plus
Are you licensed by DCSF?	Yes or No
Do you currently serve publicly funded clients?	Yes or No

Four Ways to Register:

By Phone: (217) 477-0603 or (217) 443-9114

Online: www.dacc.edu/cce

By Fax: (217) 443-5995

By Mail: Community Education

DACC

2000 E. Main Street

Danville, IL 61832

Ways to Pay:

- Cash
- Check
- Money Order
- Credit Card

Cashier: (217) 443-8592

Community Education: (217) 477-0603

Conference Fee: \$35