



# KidSource CCR&R Training Registration Form



Name of Program		Date	Contact Number
Name of Training <small>(Please call for availability.)</small>	Date of Training	Name of Person Attending Training	Cost of Class
Check Number →		Total Amount Mailed →	

Complete and mail with check made payable to *Stokes Partnership for Children*.

**Mailing Address: KidSource CCR&R,  
P.O Box 2319, King, NC 27021**



Remember, you are NOT registered until CCR&R  
**RECEIVES THE REGISTRATION FORM & THE CHECK!**  
You can no longer pre-register by phone only!

For Office Use Only: Date Received: _____ Receipt Number: _____	<b>MAKE COPIES OF THIS FORM FOR FUTURE USE!</b>
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