Orange County Office on Youth

146 Madison Road, Suite 205 Orange, VA 22960



Child Care Training Registration Form

Please send this form to the Orange County Office on Youth with payment to register. Preregistration and prepayment are preferred to ensure adequate space and materials. We cannot guarantee space in the class and/or class cancellation notices if you have not registered. If you are substituting staff members after the registration form is sent in, please resubmit registration form with changes on it to our office.

PLEASE PRINT

Facility Name:			_ Facility Ph	ty Phone:		
Facility Address:						
	Street		City/Town	State	Zip	
Email Address:						
Participant Name	Class	Class Name		Class Date	Fee	
(If additional space is needed, please attach a second form.)				Total Due:		
	Please mak	e checks payable t	o: <u>County of</u> C	Drange_		
Office on Youth Staff Use Only:						
Date Received:	Amount: \$	Cash	Credit Car	dCheck #	Initials	
Payment Type: (circle one)	Check Cash	Money Order	Visa MC	Amount to be cha	rged: \$	
Credit Card Holder Name:	it Card Holder Name: 3 Digit Code (CCV):					
Card #:	Expiration Date (MM/YY):					
Mailing address and Zip Code	e for card:					
Cardholder Signature:	Signature: Date:					
You	will be registered	l upon receipt of	this form an	d your payment.		

You will be registered upon receipt of this form and your payment. Mail the completed form to the address above or fax to (540) 672-2311.