



**Recognizing Trauma: The Art of Helping One Another Heal**  
**Saturday, March 25, 2017**

**MAIL Registration Form**

- \$40 - Half day. 7:30AM - 12:45PM (no lunch)
- \$60 - Full day. 7:30AM - 4:15PM (lunch included)

PLEASE PRINT

First Name																	Last Name																							
Street																																								
City																																	Zip Code							
E-mail																																								
Phone	(				)	-				-																														

Check ALL that apply:

- Child Care Center Staff     
 Family Child Care Provider     
 Parent / Guardian     
 Other

Child Care Program Name \_\_\_\_\_

Your title \_\_\_\_\_ Program City \_\_\_\_\_ Zip \_\_\_\_\_

Please circle your **first and second choice** for each session below :

**Session 1 (10:00AM - 11:15AM):**

<b>1st choice</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>
2nd choice	A	B	C	D	E	F	G	H	I	J

**Session 2 (11:30AM - 12:45PM):**

<b>1st choice</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>
2nd choice	A	B	C	D	E	F	G	H	I	J

**\*For Full Day participants only: Lunch\* (12:45PM - 1:30PM):** Lunch is only provided for Full Day participants. If you have any special dietary needs please check one or more:  Vegetarian     Vegan     Food Allergies Specify: \_\_\_\_\_

**Session 3 (1:30PM - 2:45PM):**

<b>1st choice</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
2nd choice	A	B	C	D	E	F

**Session 4 (3:00PM - 4:15PM):**

<b>1st choice</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
2nd choice	A	B	C	D	E	F

Make your \$40 or \$60 check payable to: **Contra Costa Child Care Council**  
 Mail to: **Contra Costa Child Care Council**  
**1035 Detroit Avenue, Suite 200**  
**Concord, CA 94518**  
 Mail in registration must be **received** by Monday, March 13