MSDH CHILDCARE LICENSURE REGISTRATION FORM

REPRODUCE AS NEEDED

1) All forms must be filled out completely & legibly. Training certificates are issued from this form.

2) You will receive an email confirmation (if you do not have an email, one will be mailed to you) which specifies exact location.

3) Pre-registration is required on this form and will be accepted via mail, email, or fax. Please refer to the Region listed on the Provider Training Schedule and send your registration form to the following trainers:

   a. **Region 1 (**Northern**) –** Carol Bishop, MSDH Child Care, 1742 Cliff Gookin Blvd, Tupelo, MS 38801-6497 Fax (662) 842-3045 Carol.Bishop@msdh.ms.gov

   b. **Region 2 (**Central**) –** Sharon Vance, MSDH Child Care, PO Box 1700, Jackson, MS 39215-1700 Fax (601) 364-5058 Sharon.Vance@msdh.ms.gov

   c. **Region 3 (**Southern**) –** Josie M. Smith, 1102 45th Ave, Gulfport, MS 39530. Fax (228) 575-4095 Josie.Smith@msdh.ms.gov

4) Please bring your Regulation book to the scheduled training sessions.

Sessions Requested

Please check the sessions you wish to attend & write the **location & date** you wish to attend on the blank provided.

□ Child Care Regulations _____ □ Playground Safety _____
□ After-School Regulations* _____ □ Director's Orientation _____
□ Menu Writing 201 _____ □ Color-Me-Healthy _____
□ Promoting Physical Activity* _____ □ Food Allergies _____

*These classes are by special request only.

Individual(s) Requesting Registration

_____ _____ _____
_____ _____ _____
_____ _____ _____

Please type or print clearly. Training Certificates will be issued at the end of each session, preprinted for registered participants. Walk-ins will have a certificate mailed to them.

Center Name _____

Mailing Address _____

_____ Director _____
City State Zip

Center Telephone_____ Owner _____

Center Fax _____ Center Email _____

Director Designees_____

Participant's Email _____

THIS FORM IS TO BE USED TO REGISTER FOR SESSIONS PRESENTED BY MSDH/CHILD CARE LICENSURE

Revised: 3/28/16