

# Training Registration Form

Partnership for Children  
of Johnston County  
226 East Market St  
Smithfield, NC 27577  
Ph (919) 202-0002  
Fx (919) 202-4692

Facility Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Training Name: \_\_\_\_\_ Training Date: \_\_\_\_\_

<i>Employee Name</i>	<i>Total Number Children In Center/Home</i>	<i>Cost of Training</i>
<b>Total:</b> _____		<b>Total: \$</b> _____

**\*\* PAYMENT MUST BE RECEIVED BEFORE YOUR SPOT IS GUARENTEED.**

If you are more than 15 minutes late, your will not be given credit for the training.  
There will be a \$25 returned check fee.  
There will be no refunds for any reason.

Office use only: Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_ Credit Used: \_\_\_\_\_

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