

Jackson State University
School of Lifelong Learning
3825 Ridgewood Road
Jackson State University 39211
Phone: (601) 979-8894 or (601) 979-8777
Fax: (601) 432-6124



Child Care Training Registration Form

Instructions: Please complete and email the registration form to kelli.a.olive@jsums.edu.

Application Date: _____ E-Mail: _____

Name: _____ Sex: ☐ Male ☐ Female

Address: _____
Street City State Zip Code

County _____

Telephone No: Home: _____ Work: _____

Agency _____ Fax _____

Please check one:

☐ Infants (0-11) months

☐ 12 months – 2 years old

☐ 3 – 4 years old

☐ Other _____

☐ African American

☐ Asian/Oriental

☐ Special American

☐ American Indian

☐ Caucasian

☐ Other (Specify) _____

Total number of staff members attending training _____

SEMINAR/WORKSHOP INFORMATION

Seminar/Workshop Title	Time	Date(s)	Contact Hours