

Please check our website for additional information on training

[www.pppctr.org](http://www.pppctr.org)

**ENROLL NOW!**

Mail this form to: *Practical Parenting Partnerships, 2412-C Hyde Park Road, Jefferson City, MO 65109.*

Make purchase orders and checks payable to: **JCPS – PPP Center.**

If you have questions, please call **(573) 761-7770.**

You may fax this registration form along with your purchase order to **(573) 761-7760.**

School District/Agency \_\_\_\_\_

School Building \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

*Date of Training:* \_\_\_\_\_

*Location of Training:* \_\_\_\_\_

Participant Name	Title/Position	Telephone	E-Mail Address	After-School*
				<input type="checkbox"/> \$75 (train the trainer) <input type="checkbox"/> \$35 participant
				<input type="checkbox"/> \$75 (train the trainer) <input type="checkbox"/> \$35 participant
				<input type="checkbox"/> \$75 (train the trainer) <input type="checkbox"/> \$35 participant
				<input type="checkbox"/> \$75 (train the trainer) <input type="checkbox"/> \$35 participant
				<input type="checkbox"/> \$75 (train the trainer) <input type="checkbox"/> \$35 participant

University Credit is available for an additional charge.

\*This training is approved through MO Dept of Health & Senior Services, Childcare Regulations Section for training clock our credit.

Purchase Order # \_\_\_\_\_ Check Enclosed # \_\_\_\_\_ Amount \$ \_\_\_\_\_