

Please check our website for additional information on training

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	Telephone	E-Mail Address	Impl Training	Home Visit	Kinder Trans*	After-School*
			<input type="checkbox"/> \$410 (includes resource notebooks) <input type="checkbox"/> \$225	<input type="checkbox"/> \$275 (includes materials – see below)	<input type="checkbox"/> \$125	<input type="checkbox"/> \$75 (train the trainer) <input type="checkbox"/> \$35 participant
			<input type="checkbox"/> \$410 (includes resource notebooks) <input type="checkbox"/> \$225	<input type="checkbox"/> \$75 (add'l team members sharing materials)	<input type="checkbox"/> \$125	<input type="checkbox"/> \$75 (train the trainer) <input type="checkbox"/> \$35 participant
			<input type="checkbox"/> \$410 (includes resource notebooks) <input type="checkbox"/> \$225	<input type="checkbox"/> \$75 (add'l team members sharing materials)	<input type="checkbox"/> \$125	<input type="checkbox"/> \$75 (train the trainer) <input type="checkbox"/> \$35 participant
			<input type="checkbox"/> \$410 (includes resource notebooks) <input type="checkbox"/> \$225	<input type="checkbox"/> \$75 (add'l team members sharing materials)	<input type="checkbox"/> \$125	<input type="checkbox"/> \$75 (train the trainer) <input type="checkbox"/> \$35 participant
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Home Visit Materials Needed: Set A _____ Set C _____ Set B _____ Set D _____

University Credit is available for an additional charge.

*These trainings are approved through MO Dept of Health & Senior Services, Childcare Regulations Section for training clock our credit.

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