

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/Position	Telephone	E-Mail Address	Kinder Trans*
				<input type="checkbox"/> \$125
				<input type="checkbox"/> \$125
				<input type="checkbox"/> \$125
				<input type="checkbox"/> \$125
				<input type="checkbox"/> \$125

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 \$ _____

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