

Contact Information of person ATTENDING course:

Name:			
Address:			
City:			
County:			
State:		Zip:	
Email: (required)			
Phone:	(	)	

Is this your 1<sup>st</sup> KCCTO online course?  YES  NO

Reason for taking this course (check one):

- To meet KDHE initial licensure requirements
- To meet KDHE annual licensure requirements
- To meet DCF Subsidy Provider requirements
- Substitute / Backup Provider
- Working towards my CDA  CDA Renewal
- Interest / New information
- Other (please specify): \_\_\_\_\_

Highest Level of education completed (check one):

- Did not complete High School  High School / GED
- Vo-Tech  CDA
- 2-year college degree (Associate's Degree)
- 4-year college degree (Bachelor's Degree)
- Graduate degree (M.A., M.S., Ph.D.)

Facility Name: \_\_\_\_\_

- Family Child Care  New Family Child Care
- Center  Head Start
- Preschool  Other: \_\_\_\_\_

Facility License Capacity: \_\_\_\_\_

- I have not received my license (Family Child Care Provider)

Total children in care:	Infants 0-12 mo.	Toddlers 12-36 mo.	Preschoolers 3-5 years	School Age Care

Do you accept DCF state fee assistance for child care?  YES  NO

# KCCTO Online Course Registration Form

2323 Anderson Avenue, Ste. 151 | Manhattan, KS 66502



Please visit [kccto.org](http://kccto.org) to view our calendar with available course dates and course descriptions. Registration and credit card payment also available online.

Course Title	KDHE Hours	Date of Course OR mark "Next Available Course"	Course Cost
<i>example</i> BEHAVIOR & GUIDANCE	3	ENTER DATE OR MARK CIRCLE <input type="radio"/> Next available course	\$ 10
		<input type="radio"/> Next available course	
		<input type="radio"/> Next available course	
		<input type="radio"/> Next available course	
		<input type="radio"/> Next available course	
		<input type="radio"/> Next available course	
		<input type="radio"/> Next available course	
<b>Subtotal:</b>			<b>\$</b>
<b>Check #:</b>			
<b>Paid by:</b> _____			

► You will receive an email from [kccto.inc@gmail.com](mailto:kccto.inc@gmail.com) once your registration has been processed.

Contact us for a group registration form and a multiple staff discount, at 800-227-3578, or email [kccto.inc@gmail.com](mailto:kccto.inc@gmail.com).