

Contact Information of person TAKING the course(s):

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

Is this your 1st 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 www.kccto.org to view our calendar with available course dates and course descriptions. Registration and credit card payment also available online.

	Course Title	Date of Course	Course Cost
EXAMPLE	BEHAVIOR & GUIDANCE	7/6/17-7/13/17	\$ 10
Subtotal:	\$ _____		
Check #:	_____		
Paid by:	_____		

➤ You will receive an email from kccto.inc@gmail.com once your registration has been processed.

Questions? Call 785-532-7197 or 800-227-3578.