



|          |                                                      |           |        |       |            |
|----------|------------------------------------------------------|-----------|--------|-------|------------|
| Title:   | <b>10 Steps to Breastfeeding Friendly Child Care</b> |           |        |       |            |
| Sponsor: | Supporting Families Together Association             |           |        |       |            |
| Date:    | 1/1/2019                                             | Event ID: | 790980 | Type: | Registered |

| This Section Required                                |                                            |                                            |
|------------------------------------------------------|--------------------------------------------|--------------------------------------------|
| First Name:                                          | Last Name:                                 |                                            |
| Select One Category:                                 |                                            |                                            |
| <input type="checkbox"/> Group Child Care            | <input type="checkbox"/> Family Child Care | <input type="checkbox"/> School-Age Staff  |
| <input type="checkbox"/> Head Start/Early Head Start | <input type="checkbox"/> Home Visitor      | <input type="checkbox"/> Public School     |
| <input type="checkbox"/> Birth to Three              | <input type="checkbox"/> Agency Staff      | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Parent/Guardian             | <input type="checkbox"/> Other _____       |                                            |

| Registry ID or your birthdate and last 5 of your social security number                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This is required to track your training attendance.<br>You can receive a free Registry ID number at <a href="http://www.the-registry.org">www.the-registry.org</a> . |
| Registry ID#                                                                                                                                                         |
| <b>OR</b>                                                                                                                                                            |
| Birth Date:     ___ / ___ / _____ <b>AND</b>                                                                                                                         |
| Last 5 digits of Social Security Number     ___   ___   ___   ___   ___                                                                                              |

| Contact Information                                                                   |                |        |
|---------------------------------------------------------------------------------------|----------------|--------|
| Not for Registry Members. Members must make changes directly to their online account. |                |        |
| Mailing Address:                                                                      |                |        |
| Apt/Suite:                                                                            |                |        |
| Zip:                                                                                  | City:          | State: |
| Home/Mobile Phone:                                                                    |                |        |
| Work Phone:                                                                           | Email Address: |        |