



**Title: Wisconsin Breastfeeding Friendly Child Care Provider Training – Online
Registry ID #877674**

This Section Required:		
First Name:		Last Name:
Select One Category: <input type="checkbox"/> Group Child Care <input type="checkbox"/> Birth to Three <input type="checkbox"/> Family Child Care <input type="checkbox"/> Agency Staff <input type="checkbox"/> Public School <input type="checkbox"/> Other _____		
<input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Home Visitor <input type="checkbox"/> School-Age Staff <input type="checkbox"/> Special Education		
Registry ID or your birthdate and last 5 of your social security number This is required to track your training attendance. You can receive a free Registry number at www.the-registry.org		
Registry ID #		
OR		
Birth Date: ____/____/____ AND Last 5 digits of Social Security ____ _ ____ _ ____ _		
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:		