



# CHILD CARE AND DEVELOPMENT FUND PROGRAM

## Trainings

### Pre-Registration Form for Community Members Only (Updated 10.23.19)



Complete Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Training: \_\_\_\_\_

Note: Please see CCDF FY2020 PD Calendar for Community Members

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Venue: 2<sup>nd</sup> Fl. MS Villagomez Bldg. CK

Registration is on a FIRST COME FIRST SERVED basis and to be submitted per due date on CCDF FY2020 PD Calendar. You may submit this form through:

Email: send to [russellem@evergreenlearning.org](mailto:russellem@evergreenlearning.org)  
attention: [Russelle Marquez](#)

Or hand delivery to: Evergreen Learning Office 2<sup>nd</sup> Fl. MS Villagomez Bldg. Chalan Kanoa

It is your responsibility to call Evergreen Learning Office at 235-1377 to get confirmation of receipt of this document.

Limited slots only . Meals and Snacks will not be provided.

### PARTICIPANT PHOTOGRAPHS, VIDEOS, AND/OR SOUND RECORDINGS OPT-OUT

**YOU** may **withhold permission** to have **YOURSELF** photographed, videotaped, and/or audiotaped during CCDF-sponsored activities, learning experiences, and/or media events. As a CCDF Provider, I understand that if I opt-out, myself will not be included in pictures taken by CCDF staff, CCDF current contractors, DCCA Staff, DCCA and CCDF partners whether public or private entities, including commercial photographers and the media, nor will my pictures be part of any reproduction, exhibition, broadcast and/or distribution of photos, video recordings, and/or audio recordings.

**Note: This does not include photos, videos, and or voice recordings for purposes of CCDF trainings and/or technical assistance activities related to identified quality activities in the CCDF State Plan.**

If you do not want yourself to be photographed, videotaped and/or audiotaped, check the box below and print your name, sign and return to CCDF Program. **If you allow CCDF to photograph, video and or make sound recording of you, LEAVE THIS FORM BLANK.**

I DO NOT APPROVE to be photographed, videotaped and/or audio taped during CCDF-sponsored activities and/or learning experiences.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date