
MSDH CHILDCARE LICENSURE REGISTRATION FORM

REPRODUCE AS NEEDED

- 1) All forms must be filled out completely and legibly. Training certificates will be issued from the list on the registration form.
- 2) You will receive an email confirmation (if you do not have an email, one will be mailed to you) which specifies exact location. Bring the email confirmation or verification notice to the training session on the date of your scheduled training. **Your acceptance into the training is verified only with a letter of confirmation. If there is a cost, please bring check or money order to the training with you.**
- 3) Pre-registration is required and will be accepted via mail, email, or fax. Please refer to the Region listed on the Provider Training Schedule and mail to the following trainers:
 - a. **Region 1 (Northern)** – Nancy Nunley, 1742 Cliff Gookin Blvd. #5, Tupelo, MS 38801-6497 or fax (662) 842-3045
 - b. **Region 2 (Central)** – LaToya Atkins, MSDH Child Care Licensure, P.O. Box 1700, Jackson, MS 39215-1700 or fax (601) 364-5058
 - c. **Region 3 (Southern)** – Josie Smith, 761 Esters Blvd, Biloxi, MS 39530 or fax (228) 435-4853
- 4) Please bring your Regulation book to the scheduled training sessions.

Sessions Requested

Please check the sessions that you wish to attend and write the **location and date** you wish to attend on the blank provided.

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| <input type="checkbox"/> Child Care Regulations _____ | <input type="checkbox"/> Playground Safety _____ |
| <input type="checkbox"/> Infant/Toddler Regulations _____ | <input type="checkbox"/> New Directors Orientation _____ |
| <input type="checkbox"/> After-School Regulations _____ | <input type="checkbox"/> Hand-Washing/Sanitation _____ |
| <input type="checkbox"/> Discipline & Guidance _____ | <input type="checkbox"/> Menu Writing 101 _____ |
| <input type="checkbox"/> Transportation Regulations _____ | <input type="checkbox"/> Color-Me-Healthy _____ |
| <input type="checkbox"/> Wonders of Music on IT Dev. _____ | <input type="checkbox"/> Physical Dev. of Infants/Toddlers _____ |
| <input type="checkbox"/> Guide to Food Code _____ | <input type="checkbox"/> Child Abuse & Neglect _____ |

Individual(s) Requesting Registration

Please type or print clearly. Training Certificates will be issued at the end of the each session. Names on training certificates will come from the registration list above.

Center Name _____ Director _____

Mailing Address _____ Owner _____

City State Zip Director Designees _____

Center Telephone _____ Center Email _____

Center Fax _____

**THIS FORM IS TO BE USED TO REGISTER FOR SESSIONS PRESENTED BY
MSDH/CHILD CARE LICENSURE**