

TRAINING REGISTRATION FORM

Submit form either through email to; info.icpoc@gmail.com

OR..

Mail the form to our office; Child Care & Development Council of Oswego County
317 West First St, Suite 111
Oswego, NY13126



*****Payment MUST be submitted through mail *****

Name: _____

Phone Number (with area code): _____

Address: _____

Daycare/Center Address (if different than home): _____

Email Address: _____

Date/Name of Training(s)

1. _____
2. _____
3. _____
4. _____
5. _____

Total Amount enclosed: \$_____ *Make checks out to: ICP of Oswego County, Inc.*

You are a (Check one):

Family Provider []

Group Provide []

Legally Exempt Provider []

Center Based Provider []

School-Age Provider []

Parent []

Other [] (Please specify below);
