1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as you’d like it printed on your class completion certificate *(if different than above):*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your current role/position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently working directly with infants and/or toddlers? \_\_\_\_\_\_\_\_\_ If yes, how many? \_\_\_\_\_\_\_

If not, what age group do you work with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you practice: Primary Caregiving (circle one) Yes No I don’t know

Continuity of Care (circle one) Yes No I don’t know

1. Why are you interested in taking this class?  Check all that apply.

* For ECT requirements
* For Director requirements
* For family child care license requirements (3 under 2, experienced, I/T)
* For personal growth and knowledge
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Coaching is available to compliment this training and can range from 2-8 hours per semester. Are you interested in receiving coaching through this training? (Circle One) YES NO MAYBE
2. I am interested in taking this class: \_\_\_\_ For Non-College Credit \_\_\_\_ For College Credit

**Commitment and Agreement**

By signing this agreement, I agree to:

* Attend, participate in, and complete all 16 modules (16 class dates; 48 hours total) of the Expanding Quality for Infants & Toddlers course.
  + If I miss more than two (2) modules, I understand that I will not be eligible to receive the EQIT completion certificate from the State of Colorado.
  + I will complete make-up work that is assigned to me by the instructors for any missed class.
* Allow pictures be taken during class sessions in which I may appear, to be used by the ECCLC for reports and marketing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Payment:** If you are NOT taking the class for college credit, the fee is $50.

**Payment is due 1 week prior to the start of class to secure your spot! Priority of enrollment is given based on paid registrations as this course often has a waitlist.**    
Cash or checks (made payable to *ECCLC*) should be mailed to:

ECCLC, 2850 McClelland Dr, Suite 3400, Fort Collins, CO 80525.

**ECCLC logo TIF B&W.tif**

**For questions, contact Heather Blanco at (970)377-3388 ext. 224 or** [hblanco@ecclc.org](mailto:hblanco@ecclc.org) **Fax- (970)377-2866**