



LifeWays Early Childhood Fundamentals Course 2019-20 Registration Form

Asheville, NC Kimberton, PA Milwaukee, WI Portland, OR

(Please check the location above in which you are enrolling)

Name _____

Mailing Address _____

(Please include street address, city, state and zip code.)

Telephone _____ Cell Phone _____

(Please include area code)

E-mail address _____ Birth date _____

Are you currently working (or hired for future employment) in a school or early childhood program? Yes No

If so, what is the name of the program?

What is the title of your position?

Do you have any food allergies our workshop organizer needs to be aware of?

_____ I am sending a check or credit card information for full payment to: LifeWays North America, Financial Services Director, 9626 Allegheny Drive, Sacramento, CA 95827

_____ I am enclosing a \$100 nonrefundable deposit (applies to full payment) and am also enclosing a completed Payment Plan Form, or I will contact Michael Aldinger at 405-343-7211 or mdaldinger@gmail.com to establish an individualized payment plan for the balance.

Note: Enrollment process is complete when registration form is complete and full payment or payment plan and first payment have been received and processed.