

Action for Children



Registration

Linden Coaching Only

Preparation

Program

Please complete *all* information. Participants that meet program requirements will be notified of acceptance by August 27th. Participants will be accepted on a first come, first served basis. Only three participants per program. Registration can be emailed to aholsinger@actionforchildren.org or dropped off in person at Action for Children, Attention Amber Holsinger, 78 Jefferson Ave, Columbus, OH 43215. **Applications are due August 27th by 5:00 p.m.**

Program/FCC Provider Name:

Provider Address:

Provider Phone Number:

Director's Name:

Director's E-mail:

License Number:

Please list up to 3 staff per program:

Name:

Address:

E-mail:

OPIN Number:

Home Phone:

Cell Phone:

Last Four Digits of Social Security Number

High School Diploma/GED

Yes

No

Please select one:

Type of credential desire (check one)

I work in a child care center

I am a licensed Type B provider

Center-based Infant Toddler

Center-based Preschool

Family Child Care Provider

Name:	
Address:	
E-mail:	OPIN Number:
Home Phone:	Cell Phone:
Last Four Digits of Social Security Number	<input type="text"/>
High School Diploma/GED	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please select one:	Type of credential desire (check one)
<input type="checkbox"/> I work in a child care center	<input type="checkbox"/> Center-based Infant Toddler
<input type="checkbox"/> I am a licensed Type B provider	<input type="checkbox"/> Center-based Preschool
	<input type="checkbox"/> Family Child Care Provider
Name:	
Address:	
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