

Empowering Childcare Centers for a Healthy MS Workshop

Thursday, August 23, 2018
C E Roy Community Center
Hattiesburg, MS

Registration Form

Each individual from the childcare center **MUST** complete and submit a **SEPARATE** form.

(Limited Seating. First Come, First Served!)

Childcare Facility Information:

Name:

Physical Address:

Mailing Address:

Phone: Fax:

Ages/Grades Serviced:

Current Student Enrollment:

Current Number of Employees:

Website/Social Media Information:

Email Address:

Registrant Information:

Name:

Title:

Mailing Address:

Phone Number:

Email Address:

Signature: _____ Date: _____

**Return form by either - Fax: (601)961-5660; Email: tthomas@mdeq.ms.gov, or
Mail to Trayce Thomas, MDEQ - OCE, PO Box 2249, Jackson, MS 39225-2249**

Thank you for your interest in the Empowering Childcare Centers for a Healthy MS Workshop

For OCE Office Use Only:

Receipt Date: _____

Receipt Time: _____
