REGISTRATION FORM

*PLEASE  PRINT*

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner/Organization Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if applicant is registering as a representative/member of a TCA Community partner organization, please state name of organization)

Supportive Assistance Requested:

TCA will provide supportive assistance to CSBG eligible CLI participants to facilitate their participation in the Institute. Supportive Assistance will include childcare and transportation assistance, and stipends for the resource retreat. Institute training resources and meals will be provided to all registered participants. Participants requesting childcare and transportation assistance should complete the section below, and a member of TCA staf will contact you to complete the eligibility certification process.

Childcare:

Number of children: \_\_\_\_\_\_\_\_\_\_\_Ages (please list ages separately)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a childcare provider that will need to be compensated: Yes \_\_ No\_\_\_

Do you need TCA to provide childcare?

Transportation:

Please check assistance requested:

Mileage reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus Tokens\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*For Office Use Only*

*Registration Confirmed: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CSBG Eligibility Certified: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CAP 60\_\_\_\_\_\_\_*