

# VDSS Class Registration Form



NOTE: This form cannot be submitted electronically from the VDSS website. Fill out, print and mail or fax to CCWA. You can either print a copy of the blank form and write in the requested information, or you can type the requested information directly into the Registration Form and print it. You cannot save data typed into this form. Mail or fax the completed form(s) to CCWA as directed at the bottom of the form.

## ONE REGISTRATION FORM PER PARTICIPANT

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Full Middle: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Gender:  Male  Female

Former/Maiden Name, if any: Last: \_\_\_\_\_ First: \_\_\_\_\_ Full Middle: \_\_\_\_\_

Have you ever attended or been employed by a Virginia community college?  No  Yes If yes, please provide your EMPLID: \_\_\_\_\_

Racial/Ethnic group (optional):  American Indian  Asian or Pacific Islander  Black  Hispanic  White  Other: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_

## MAILING ADDRESS Confirmation Letter Will Be Mailed to this Address (Please check one.) Home Business

Street: \_\_\_\_\_

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

City or County of Residence: \_\_\_\_\_

Employer Business Name: \_\_\_\_\_

Employer Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_, Extension: \_\_\_\_\_ Business Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Employer Business Street Address: \_\_\_\_\_

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

## COURSES Please enroll me in the following early/school-age care and education professional course(s)

Course Number	Reg. No.	Course Title	Month	Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## PAYMENT INFORMATION

Check (make payable to CCWA) Check #: \_\_\_\_\_

Credit Card  Visa  MasterCard Credit Card #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

CVV number (3-digit security code found on the back of your credit card): \_\_\_\_\_

Cardholder's name (please print): \_\_\_\_\_

Agency/Corporate Card?  No  Yes Employer name: \_\_\_\_\_ EIN #: \_\_\_\_\_

\*Participant's Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*SSN is required in order to register per Section 6050S of the Restructuring and Reform Act of 1998. The VCCS will only use your social security number in accordance with federal and state reporting requirements, and for identification and research purposes within the VCCS. It shall not permit further disclosure unless required or authorized by the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. Code 1232G, or pursuant to your obtained consent.

**Mail the form with your payment made payable to:**

Community College Workforce Alliance (CCWA), ATTN: Child Care Classes (WDCC), P.O. Box 85622, Richmond, VA 23285-5622 OR

**Fax this form with credit card information to:** (804) 371-3414

**For questions, please call CCWA at (804) 523-2298 or email [VDSSclasses@ccwa.vccs.edu](mailto:VDSSclasses@ccwa.vccs.edu).**

**To view the catalog, visit the Virginia Department of Social Services at [www.dss.virginia.gov/family/cc/development\\_catalog.cgi](http://www.dss.virginia.gov/family/cc/development_catalog.cgi).**