

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.

To view the catalog, visit the Virginia Department of Social Services at www.dss.virginia.gov/family/cc/development_catalog.cgi.