



### **PECS Basic Training Registration Form:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

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

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

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Title & Credentials: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_

Send registration, including payment to Children's Care University 2501 West 26th Street Sioux Falls, SD 57105.  
Checks should be made payable to Children's Care. Participants will be notified by email of their registration status.