



**Destiny Early Childhood  
Consulting & Developmental Services, LLC.  
P.O. Box 282  
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**Workshop registration form**

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**Name of Registrant** (as it will appear on the nametag) **(please print)**

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

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

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

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

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School/Program Name: \_\_\_\_\_

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

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

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

Language spoken: \_\_\_\_\_

Type of Program: ( ) Head Start ( ) Private Child Care Center  
( ) Family Child Care ( ) Other: \_\_\_\_\_

Name of workshop(s):  
\_\_\_\_\_  
\_\_\_\_\_

Number of participants: \_\_\_\_\_ (10 participants required)

Off-site location: \_\_\_ Yes \_\_\_ No

If yes please provide site name and address for trainer:

Program name: \_\_\_\_\_

Contact person: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

**\*\*\*\*Registration fees must be included\*\*\*\***

*Early childhood experiences causes structural changes in the brain*