

**Destiny Early Childhood  
Consulting & Developmental Services, LLC.**  
P.O. Box 282  
Hamburg, NJ. 07419

Office: (973) 867-8407

email: [consult@destinyearlychildhood.org](mailto:consult@destinyearlychildhood.org)

### Workshop registration form

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

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

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

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

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

.....

### School/Program

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

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

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

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

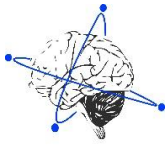
Language spoken: \_\_\_\_\_

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

Name of workshop(s):

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

*Early childhood experiences cause structural changes in the brain*



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

On-site location at program: \_\_\_\_ Yes

If yes to please provide site name and address for trainer:

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

***Early childhood experiences cause structural changes in the brain***