



Supervision of Staff in Residential Programs 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.