



*The Registry* is Wisconsin's Recognition System for the Childhood Care and Education Profession.

[Sponsor]

[Training Title]

[ ID#]

**Your trainer will enter your attendance at this training into The Registry.**

***I am a Registry Member***

Name:

Registry Identification Number : \_\_\_\_\_

OR

Last 5 digits of Social Security Number \_\_\_\_\_

AND

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E-mail:

***I am NOT yet a Registry Member***

Name:

Mailing Address

City:

State:

Zip:

Work Phone:

Home/Cell Phone: (     )

Last 5 digits of Social Security Number \_\_\_\_\_

AND

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E-mail: