

Mail this form to:

**Fairfax County Office for Children**

**CCAR, 12011 Government Center Parkway, 8<sup>th</sup> floor, Fairfax, Virginia 22035**

**Attention: Lynne Hornick**

*Or, fax this form to (703) 324-3917*

NAME \_\_\_\_\_ Number of Adults Attending: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

- *How old is (are) the child (ren) that you are placing in care?* \_\_\_\_\_
- *What type of care do you prefer?*
  - *Child Care Center* \_\_\_\_\_
  - *Family Child Care Provider* \_\_\_\_\_
  - *In-home Child Care* \_\_\_\_\_
- *How did you hear about this workshop?*

Date Attending: \_\_\_\_\_

\* You will receive a phone call/email to confirm your attendance prior to the session.