

To register: Fill out application and mail in along with registration fee of \$95.00 to address listed below.  
(fee includes cost of books needed for course).

## Applicant Information:

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Registry ID Number (located in your PA Key profile) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## Program Information:

Center Name \_\_\_\_\_ County \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Work Email \_\_\_\_\_

Director's Name \_\_\_\_\_ Director's Email \_\_\_\_\_

**Is program participating in Keystone STARS?    Yes    No    If yes, what is the STAR Level? \_\_\_\_**

Is program working on any other professional development program? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Your Position Title \_\_\_\_\_ Length of time at current program \_\_\_\_\_

Total # years experience in early childhood \_\_\_\_\_

Total # years experience in school age \_\_\_\_\_

# of classes in program \_\_\_\_\_ Age range of children in program \_\_\_\_\_

# of children in your class \_\_\_\_\_ Age of Children \_\_\_\_\_

**Check Made Payable to: MELC**

**MELC/PD**

**c/o Ingrid Molinares**

**201 Sabine Avenue**

**Narberth, PA 19072**

**imolinares@melc.org**

