

YOUR NAME: _____

DATE: _____

TRAINERS NAME: _____

TRAINING DATE: _____

BE ACTIVE KIDS®

Registration Form

Complete Before Training

Your Name: _____

Your Job Title: _____

How many children do you teach? _____ Age Group(s):

- Infants (birth - 12 months)
- Toddlers (1-2)
- Two's (2)
- Preschoolers (3-5)

School/Center Name: _____

Your Principal's/Director's Name: _____

School/Center Street Address: _____

City: _____ State: _____ Zip Code: _____

County where your center/school is located: _____

Your E-mail address: _____

(Please write neatly. We need your email to send curriculum updates.)
