Child Development and Early Education
HEALTH AND HUMAN SERVICES

Child Care Center Pre-Licensing Workshops Schedule
July, August and September 2017

Cities	Dates	Days	Locations
Greenville	7/19 & 7/20	Wed. & Thurs.	Martin/Pitt Partnership for Children, 111-B Eastbrook Dr.
Fayetteville	8/2 & 8/3	Wed. & Thurs.	Partnership for Children of Cumberland County, 351 Wagoner Dr., Suite 200, Multipurpose Room
Raleigh	8/15 & 8/16	Tues. & Wed.	Department of Social Services, 820 South Boylan Ave., Room 151
Charlotte	8/29 & 8/30	Tues. & Wed.	Providence Preparatory School, Providence Bldg., 3031 Providence Rd
Durham	9/5 & 9/6	Tues. & Wed.	Child Care Services, 1201 South Briggs Ave., Suite 200
Hickory	9/13 & 9/14	Wed. & Thurs.	Partnership for Children, Early Childhood Resource Center, 738 4th St., Southwest
Wilmington	9/27 & 9/28	Wed. & Thurs.	University of Mount Olive at Wilmington, 1838 Sir Tyler Dr., Rm 136
Winston-Salem	9/27 & 9/28	Wed. & Thurs.	Smart Start of Forsyth County, 7820 North Point Blvd., Suite 200

WORKSHOP DESCRIPTION: The first day of this workshop will focus on child care in North Carolina. Participants will receive a comprehensive review of the North Carolina Child Care Requirements and obtain critical information helpful to potential child care center operators. The second day of training will focus on best practices regarding program start-up and operation as it relates to budgeting for quality care. Workshops will begin at 9:30 a.m. and end at approximately 3:30 p.m. Five (5) hours of training credit will be given for each day of training. For religious sponsored programs, the pastor or his/her designee, such as a Board Member, Associate Pastor, or Youth Pastor, who serves in an official church business capacity must attend the workshops. ***These workshops are not designed for potential providers of Family Child Care Homes**. **A potential Family Child Care Homes provider is not required to complete a Prelicensing Workshop. For more information on getting a license visit** www.ncchildcare.nc.gov.

REGISTRATION INFORMATION: *Pre-registration is required and **each person registering must submit the registration form at the bottom of this page**. **Attendance at each workshop is limited by the size of the facility**. Registrants will be notified (if registration is received seven (7) days in advance of workshop date) by e-mail (if available) or mail of their acceptance prior to the workshop date. If you have not received confirmation prior to the workshop, you will need to call and confirm that your registration has been processed. ***The deadline for registration is two (2) weeks prior to the workshop date**.

The fee for each person attending is $100.00. Persons who are unable to attend a workshop may receive (1) one free transfer registration for a future workshop within this quarter at no additional cost with three **(3) business days prior notice of the initial workshop date.** **Registration fee(s) is/are non-refundable.** You may send an email to **DCD.Prelicensing@dhhs.nc.gov** for general workshop registration information or to speak with the Pre-Licensing Coordinator, call **1-800-859-0829 (in state only) or 919-527-6335.** Return the registration form below along with payment (certified check, money order or business check) for the correct amount to: **Division of Child Development and Early Education, Prelicensing Workshop, 2201 Mail Service Center, Raleigh, NC 27699-2200**.

NOTE: In case of inclement weather, please call 1-800-859-0829 (in state only) or 919-527-6335 for workshop cancellations.

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Registration Form for Child Care Center Pre-Licensing Workshop

Name (please print) ____

Address____
STREET/APT. CITY ZIP COUNTY

Telephone Home (_____) ____________________ Work (_____) ____________________

Fax (_____) ____________________ E-mail ____________________

Workshop Location ____________________ Workshop Dates ____________________

Workshop Location (2nd choice) ____________________ Workshop Dates (2nd choice) ____________________

Please check type of payment enclosed: **No personal or starter checks will be accepted.**

☐Certified Check ☐Money Order ☐Business Check (payable to: **Division of Child Development and Early Education, Prelicensing Workshop, 2201 Mail Service Center, Raleigh, NC 27699-2200**. I understand and agree that the **Division of Child Development and Early Education** will not be held responsible for any liability, theft, or damage that might occur during this workshop.

AMOUNT ENCLOSED $__________ **SIGNED** ____________________ **DATE** __________