
Training Registration Form

Good Health for EveryBODY



Good Health for EveryBODY

When we receive your completed form, we will invite you to our next webinar series and training day.

Please provide the following information:

Name	
Organization	
Occupation	
Email address	
Phone number	
Mailing address	

How many sites do you work in?	
What age group do you work with?	
Are you in a position to offer a preschool GHEB program?	

For office use:

Fac. Manual sent _____ Webinars completed _____ Training day completed _____

Curriculum materials provided _____ Certification # _____

PRESCHOOL - Facilitator