

2009-10 Provider Book Club Registration Form



**Ready To Learn.**



Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Book Club Site Name \_\_\_\_\_

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

Workplace: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

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

I attend this workshop as a (check one):

- Child Care/Preschool/Head Start Professional
- K-3 Professional
- Librarian
- Other: \_\_\_\_\_

How many children, age 8 or younger, do you work with on a regular basis? \_\_\_\_\_  
(Participants who are *directors* of centers or preschools should only report the number of children they will work directly with to teach the Learning Triangle.)

Make a check in each month that you attend a RTL Provider Book Club session:

- September                       October                       November
- December                       January                       February
- March                       April                       May                       June

**Thank you!**

Reminder to Trainers: Each participant completes one of these forms once per year when they become part of the Book Club. **Trainers must keep these forms on file at their Book Club site for three years, then they may be destroyed/shredded.**