DDA Provider Agencies Registration Form

Please fill out this form if you are registering under the DDA Provider Contract

MONTGOMERY COLLEGE AND DDA PROVIDER AGENCIES

Workforce Development
& Continuing Education
240-567-5188

REGISTRATION FORM—DDA TRAINING COURSES

Fax: 240-567-1666

Mail: Karla Nabors, Montgomery College, 7600 Takoma Ave. Takoma Park, MD 20912

Montgomery College welcomes your participation in this customized training course. As a State institution, we use the information in this form to create and maintain your official transcript, a valuable career asset. Your name and information will be stored in our secured student database. Student information is not sold to commercial organizations

Please Print Clearly

College ID Number: M 2 _ _ _ _ _ _ _

Birthdate _ _ - _ _ - _ _ _ _ (Month, Day, Year)

Sex ☐ Female ☐ Male

(This is your Student ID Number. If you have taken courses at MC previously, you should have one. If not, the College will assign your MC Identification Number for you.)

Name ______ Last ______ First ______ Middle

Address ______ House # and Street Name (Do NOT use P.O. Box or you will be charged Non-Md. resident fee.) Apt. #

City ______ State ______ Zip ______

Is this a new address? ☐ Yes ☐ No

Have you attended MC before? ☐ Yes ☐ No

Home Phone ______

Fax ______

Work Phone ______

E-Mail ______

(Provide e-mail address only if you wish to receive notification of future offerings.)

SPONSORING EMPLOYER

☐ CSS ☐ SEEC ☐ CHI ☐ Rock Creek ☐ Jubilee ☐ Hebron ☐ Calmra ☐ JFGH ☐ Other:________

ETHNICITY: Choose one. (Disclosure not mandatory by Montgomery College, but is required by the U.S. Department of Education.)

☐ Not Hispanic or Latino ☐ Hispanic or Latino ☐ None

RACE: Choose all that apply, you may choose more than one. (Disclosure not mandatory by Montgomery College, but is required by the U.S. Department of Education.)

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian and other Pacific Islander ☐ White

STUDENTS WITH DISABILITIES

If you need support services due to a disability, call Workforce Development & Continuing Education at 240-567-1819 (TTY 240-567-7931) at least three weeks before class begins.

CRN #	Course #	Course Title	Date *Please check day(s) attending*	Course Total
36428	ATI001	Autism Training Institute	Friday, April 24 ☐	$ 50
36429	ATI001	Autism Training Institute	Saturday, April 25 ☐	$ 50

Students registering for a course or program at least one week prior to the starting date will receive a mailed registration acknowledgement along with a parking permit.

I certify that the information on this registration is correct and complete. I am aware of and will adhere to College policies as published in the Student Handbook.

Student Signature Required ______ Date ______

FOR OFFICE USE ONLY

RECEIVED DATE:

CODE	COMPANY	CONTRACT CODE
ZZ	**ATI**	**0030**

2/16/09

Montgomery College is an Equal Opportunity Affirmative Action Title IX institution.

This form MUST be completed and submitted with registration form.

Fax: 240-567-1666

Mail: Karla Nabors

Montgomery College, 7600 Takoma Ave. Takoma Park, MD 20912

Name: _____

Please indicate below the training course *(Choose one per time session)*

Friday, April 24, 2009

10:30 a.m.–12:30 p.m.

( ) Special Needs Financial Planning

( ) Augmentative Communication & Assistive Technology

( ) Job Coaching, Job Development, and Montgomery County's Customized Employment Project

( ) Overview of DDA Funding System

( ) First Aid (3-year Certification)

1:15 p.m.–3:45 p.m.

( ) How Best Buddies Serves the Community

( ) Psycho-social Therapy Techniques

( ) Autism and Behavioral Programming

( ) CPR (2-year certification)

Saturday, April 25, 2009

10:30 a.m.–12:30 p.m.

( ) Special Needs Advocacy: "Making a Difference for your Child's Future"

( ) Instructional Programming for Individuals with Autism and Significant Disabilities

( ) Special Care Planning

( ) Advanced Behavioral Strategies

1:15 p.m.–3:45 p.m.

( ) Wills and Estates Planning

( ) Getting the Best for your Child with Autism

( ) Principles and Practices of Health, Nutrition, Menu Planning, and Cooking.

( ) Parent Advocacy and Early Intervention

Box lunches will be provided.

Please indicate in the box below your lunch preference:

Friday, 4/24

( ) Traditional box lunch with drink

( ) Vegetarian box lunch with drink

Saturday, 4/25

( ) Traditional box lunch with drink

( ) Vegetarian box lunch with drink