

COURSE REGISTRATION FORM



CONTACT INFORMATION

(Please Print)

Check One:

☐ Foster Parent

☐ Kinship Parent

☐ Adoptive Parent

NAME:

ADDRESS:

CITY, STATE, ZIPCODE:

EMAIL ADDRESS:

TELEPHONE #:

CELL PHONE #:

TRAINING REGISTRATION INFORMATION

COURSE#	COURSE TITLE	COURSE DATE

You can register for classes for the entire year!
Please complete and mail this registration form to:

CFSA, Child Welfare Training Academy
400 6th Street, SW, Room 3107 ATTN: MARGIE BROWN
Washington, DC 20024-2753

or

Fax: 202-698-6169

Or email it to: cwta.training@dc.gov