



**Training Workshop Packets Printable Order Form (please print)**

Your Name: \_\_\_\_\_  
Facility name, if applicable: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email address to sent PDF to: \_\_\_\_\_

Mark the workshops you would like to order:

	<b>Workshop Title</b>	<b>Quantity</b>	<b>Cost</b>	<b>Total \$</b>
<input type="checkbox"/>	Positive Discipline Techniques		\$10.00	\$
<input type="checkbox"/>	Parent Partnerships		\$10.00	\$
<input type="checkbox"/>	Junk Makes Great Learning Materials		\$10.00	\$
<input type="checkbox"/>	Violence and Children		\$10.00	\$
<input type="checkbox"/>	Science/Gardening Act. for Young Children		\$10.00	\$
<input type="checkbox"/>	Cooking Activities		\$10.00	\$
<input type="checkbox"/>	Using Books and Stories		\$10.00	\$
<input type="checkbox"/>	Developmentally Appropriate Practice		\$10.00	\$
<input type="checkbox"/>	Hiring Child Care Staff		\$10.00	\$
<input type="checkbox"/>	Learning Styles		\$10.00	\$
<input type="checkbox"/>	Managing Mixed Groups		\$10.00	\$
<input type="checkbox"/>	Potty Training		\$10.00	\$
<input type="checkbox"/>	Separation Anxiety		\$10.00	\$
<input type="checkbox"/>	Becoming Part of a Professional Team		\$10.00	\$

**Workshop Total:** \$ \_\_\_\_\_

**Total Amount Enclosed:** \$ \_\_\_\_\_

**Please send this form along  
with payment (Check or Money Order)**

**Payable to:**

Joni Levine  
Child Care Lounge  
2830 Broadway Avenue #2  
Pittsburgh, PA 15216