



## Developmental Screening Training Registration Form Spring 2012

**Please print the following information:**

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

Please indicate which category best applies to your field of employment:

Education  Medical  Mental Health  Nursing  Social Service  Other \_\_\_\_\_

Agency/Organization \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Training Choices:** (May register for more than one training)

Ages and Stages Questionnaires- 3\*

Ages and Stages Questionnaires: Social Emotional\*

Thursday, March 22, 2012

Thursday, April 26, 2012

Parents' Evaluation of Developmental Status\*

Thursday, May 17, 2012

\* Training Location: **South Orange County Family Resource Center**, 23832 Rockfield Blvd., Suite 270  
Lake Forest, CA 92630

**Payment:** (Please check the appropriate box and indicate amount in the column to the right)

- |  |          |
|--|----------|
| <input type="checkbox"/> \$40 ASQ-3 as an individual living or working in Orange County              | \$ _____ |
| <input type="checkbox"/> \$75 ASQ-3 as an individual living or working outside of Orange County      | \$ _____ |
| <input type="checkbox"/> \$40 ASQ: Social Emotional as an individual living or working in OC         | \$ _____ |
| <input type="checkbox"/> \$75 ASQ: Social Emotional as an individual living or working outside of OC | \$ _____ |
| <input type="checkbox"/> \$30 PEDS as an individual living or working in OC                          | \$ _____ |
| <input type="checkbox"/> \$45 PEDS as an individual living or working outside of Orange County       | \$ _____ |
| <b>Total</b>   | \$ _____ |

**Make checks payable to:** Regents UC

**To reserve a seat, mail registration form and send a check or documentation of check request from your organization to:**

Help Me Grow, 1915 W. Orangetown Ave., Suite 303, Orange, CA. 92868 (Fax # 714.939.6199)