



Oklahoma Professional Development Registry PARTICIPANT ENROLLMENT FORM

This form is REQUIRED if the participant does not have or cannot provide an OPDR ID # on the sign-in sheet.

PRINT CLEARLY – WRITE YOUR NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

Training Title _____ OPDR Event ID # _____

Name of the Trainer _____

Participant’s Last Name _____ First Name _____ Middle Initial _____

Other names under which you have worked _____

XXX-X - - -
 Last 5 digits of your Social Security # Birth Date

Home Address _____ City _____ State _____ Zip _____

Home Phone # _____ Email Address (**Required**) _____

POSITION/TITLE: Director/Asst. Director Teacher/Asst. Teacher Other

SETTING (Select One): Child Care Center Head Start Other
 Family Child Care Home Out-of-School Time (School-Age)

By signing below, I expressly give consent for my information to be shared by/with the Organization or Trainer providing the referenced course, University of Oklahoma/Center for Early Childhood Professional Development (“University”) and Oklahoma Department of Human Services – Child Care Services. Additionally, I expressly give consent for University and/or DHS – CCS to share this information with my child care employer and other education/certification partners and/or affiliates who participate in professional development initiatives.

SIGN AND DATE FORM: _____
 PARTICIPANT’S SIGNATURE DATE