



## FOSTER FAMILY TRAINING INCENTIVE PROGRAM 2016-17 (Foster-TIP) REGISTRATION FORM

FOSTER PARENT       KINSHIP- RELATIONSHIP TO CHILD: \_\_\_\_\_       ADOPTIVE PARENT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AGE(S) OF CHILD(REN) IN CARE: \_\_\_\_\_

SOCIAL WORKER: \_\_\_\_\_

AGENCY: \_\_\_\_\_

### Participants will:

- **Pre-register for each First 5 Calaveras Parent Training** that they will to attend
- **Take the “Training Verification Form” to each workshop** to verify and track training hours
- **Submit “Training Verification Form” and a current W-9 Form to First 5 Calaveras twice a year: by Dec. 9, 2016 and June 9, 2017.**
- Be mindful that trainings and childcare have a maximum capacity and may fill up quickly
- Abide by the fact that no appeals will be held or considered for stipends declined due to insufficient verification or lack of participation.

My signature below signifies that I have read and understood my responsibilities for participation in Fiscal Year 2016-17 Foster-TIP and I have received a Foster-TIP Information Sheet and Training Verification Form.

\_\_\_\_\_  
Foster / Kinship/ Fos-Adoptive Parent Signature

\_\_\_\_\_  
Date