



Maryland Police & Correctional Training Commissions Registration Form

PROGRAM NAME: Child First

PROGRAM DATES: _____

This form is only for non-client agencies without access to the MPCTC Online Registration System!

- Check if Applicable:
[] MD Child Advocacy Center
[] Out-of-State Agency

Out of state applications will be held until 2 weeks prior to the course to ensure seating for in-state client agencies. Course is limited to 5 seats per agency per session.

REGISTRATION INFORMATION: PLEASE PRINT OR TYPE ALL INFORMATION

AGENCY NAME: _____
AGENCY STREET ADDRESS: _____
CITY/STATE/ZIP: _____
AGENCY CONTACT NAME: _____
CONTACT EMAIL: _____ CONTACT PHONE: _____

STUDENT NAME: _____
STUDENT AGENCY (IF DIFFERENT FROM ABOVE): _____
AGENCY ADDRESS (IF DIFFERENT FROM ABOVE): _____
CITY/STATE/ZIP: _____
PCTC CERTIFICATION # (IF APPLICABLE): _____ STUDENT PHONE NUMBER: _____
STUDENT EMAIL ADDRESS: _____

I certify that the above information is true and correct.

Signature of Dept/Agency Head Please Print/Type Name Date

PAYMENT INFORMATION: Registration fee, if applicable \$_____ (Non-Refundable)
[] Check or Money Order (payable to MPCTC) [] Purchase Order #_____ (attach copy)
[] Credit Card: Last 4 Digits of Card Number: _____ Type: [] VISA [] MasterCard
A separate credit card form is required for submission to MPCTC Accounting Division. Fax to (410) 875-3533

R*STARS transfers for STATE agencies codes: Q00, PCA 27119, AOBJ 0302, TC 430
YOU MUST INCLUDE - Document Date _____ Document Number _____

EMAIL OR FAX Completed Forms to: Katie.Johnson@maryland.gov Fax: (410) 875-3511
Students with incomplete forms will not be enrolled in the course.

To reserve overnight accommodations, please contact Joanne.Cunningham@maryland.gov (410) 875-3402.