# T:\LOGOS\NEW IOWA AEYC LOGOS for 2017.09 Launch\Digital_resolution_logos\iaaeyc_horizontal.png Schedule Class

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| --- | --- | --- |
| **Title of Class:** | **Credit Hours:** | **Request Date:** |
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| Schedule Details |

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| --- | --- |
| Delivery Method | Group  Self-Study |
| Format | Face to Face  Online  Blended |
| Class Start Date/Time |  |
| Class End Date/Time |  |
| Date available to search |  |
| Date removed from search |  |
| Capacity |  |
| Language of Session |  |
| Important Enrollment Information |  |
| Notes e.g. “Specify any special instructions or notes” (max 1000 Characters) |  |

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| --- |
| Location Details |

|  |  |
| --- | --- |
| Name |  |
| Address 1 |  |
| Address 2 (apt/suite/room no) |  |
| City |  |
| County |  |
| State |  |
| Zip Code |  |

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| Funding Source |

|  |  |
| --- | --- |
| Area Education Agency | Iowa Department of Public Health |
| Child and Adult Care Food Program | Iowa Family Child Care Association (IFCCA) |
| Child Care Resource and Referral (CCR&R) | Iowa Head Start Association |
| Community College | Iowa State University Extension |
| Early Childhood Iowa (Local) | Licensed child care center |
| Early Childhood Iowa (State) | Local Education Agency (LEA) |
| Four year college or university | Local Foundation |
| Iowa Association for the Education of Young Children (Iowa AEYC) | Local Head Start Agency |
| Iowa Child Care Council | Participant |
| Iowa Department of Education | United Way |
| Iowa Department of Human Services | Other: |
| Iowa Department of Public Health |  |

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| Trainer |

|  |  |
| --- | --- |
| Name |  |
| Organization |  |
| Email |  |

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| Payment Options |

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| --- | --- |
| This Class does not have a cost to the participant. | |
| Allow Automatic approval of enrollments | |
| Your enrollment request will not be approved until the organization receives your payment. | |
| Cost |  |
| Payment Method |  |
| Payment Due Date |  |

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| Send Payment To |

|  |  |
| --- | --- |
| Name |  |
| Address 1 |  |
| Address 2 (apt/suite/room no) |  |
| City |  |
| State |  |
| Zip Code |  |

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| Contact Information: If you have any questions, please contact… |

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Phone |  |
| Ext |  |
| Email |  |