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

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

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| --- |
| Schedule Details |

|  |  |
| --- | --- |
| 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 |  |