

**Child Care Resources Training  
Voucher Provider Orientation**

In order to accept vouchers, you must attend one of the following orientations & have **submitted an application in QRIS:**

**PLACE: Child Care Resources Worcester**  
799 West Boylston Street, Worcester, 01606

**PLACE: Child Care Resources Fitchburg**  
1480 John Fitch Highway, Lower Level, Fitchburg, 01420

**DATE:** Wednesday, July 12, 2017  
**TIME:** 5:30 – 7:00PM

**DATE:** Wednesday, August 16, 2017  
**TIME:** 5:30 – 7:00PM

**DATE:** Wednesday, September 13, 2017  
**TIME:** 5:30 – 7:00PM

**DATE:** Wednesday, October 11, 2017  
**TIME:** 5:30 – 7:00PM

**DATE:** Wednesday, November 15, 2017  
**TIME:** 5:30 – 7:00PM

**DATE:** Wednesday, December 13, 2017  
**TIME:** 5:30 – 7:00PM

**DATE:** Wednesday, January 17, 2018  
**TIME:** 5:30 – 7:00PM

**DATE:** Wednesday, February 21, 2018  
**TIME:** 5:30 – 7:00PM

**DATE:** Wednesday, March 14, 2018  
**TIME:** 5:30 – 7:00PM

**DATE:** Wednesday, April 11, 2018  
**TIME:** 5:30 – 7:00PM

**DATE:** Wednesday, May 16, 2018  
**TIME:** 5:30 – 7:00PM

**DATE:** Wednesday, June 13, 2018  
**TIME:** 5:30 – 7:00PM

**Pre-registration is required! For more information please call:**

Kristen LeBlanc (508)796-1827 or [kleblanc@sevenhills.org](mailto:kleblanc@sevenhills.org), Marybeth Brown (508) 796-1838 or [marbrown@sevenhills.org](mailto:marbrown@sevenhills.org), Evelyn Gonzalez (978) 602-8651 or [Evgonzalez@sevenhills.org](mailto:Evgonzalez@sevenhills.org), Voucher Orientations are offered in **Spanish** the first Wednesday of every month. **Time: 5:30pm-7:00pm. Please call in advance to register.**

**Locations: Worcester - Please submit this completed form to: the address above or fax to (508)856-7941 (Kristen Leblanc). For Fitchburg submit to the address above or fax to (978)342-6095 (Evelyn Gonzalez).**

**PLEASE BRING THE FOLLOWING:**

***A COPY OF YOUR CURRENT VALID LICENSE & A COPY OF YOUR PARENT HANDBOOK/CONTRACT.***

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Participant's Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of orientation you will be attending: \_\_\_\_\_