

**South Carolina Department of Social Services
Child and Adult Care Food Program**

**CACFP Training Registration Form
*Our fax number: (803) 734-9515***

CACFP Agreement Number: _____

Name of Organization: _____

Mailing Address: _____

County: _____

Contact Person(s): _____

Telephone Number: _____

Name of Training/ Class _____

Date of Training/Class: _____

Name(s) of person(s) planning to attend the above training/class:

Registration will begin 30 minutes prior to the training session.

LATE ATTENDEES WILL NOT BE ADMITTED!

Please notify Michelle C. Roach or Jeannette Dewitt at (803) 734-9739 if you have special needs related to the Americans with Disabilities Act that might limit your ability to effectively participate in this workshop so that reasonable accommodations may be made. The CACFP is available to all eligible participants regardless of age, race, color, national origin, sex or handicap.