

**MidStep Centers for Child Development**  
Wednesday Night Workshops  
6:30-8:00pm

**Registration Form**

Parent Name(s): \_\_\_\_\_ Email(s): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

Ages of children: \_\_\_\_\_

Workshop Title(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate method of payment:

( ) Enclosed is a **check** for \$ \_\_\_\_\_  
(\$20 per workshop for parent or couple if pre-registering; \$25 at the door)  
**Payable to MidStep Centers**

( ) Charge \$ \_\_\_\_\_ to my ( ) VISA ( ) MasterCard  
Cardholder's Name (please print) \_\_\_\_\_  
Card Number \_\_\_\_\_  
Exp. Date: \_\_\_\_\_  
Cardholder's Zip Code: \_\_\_\_\_  
Signature: \_\_\_\_\_

Mail to: MidStep Centers for Child Development  
454 Rolling Ridge Drive  
State College, PA 16801

Fax to: Alisha (814) 235-1101

Call: Alisha (814) 235-1100 Ext. 22

