**Parent-Child Mother Goose Program®**

**Programme la Mère l”Oie pour parents et enfants®**

**To reduce paper and postage we ask that you email this form to:** [**info@nationalpcmgp.ca**](mailto:info@nationalpcmgp.ca) **Just save your completed form to your computer in Word format and attach to an email with subject heading: Certification Registration Form.**

**You may also mail the form to: Parent-Child Mother Goose Program® 720 Bathurst Street, Suite 500A, Toronto, ON M5S 2R4 Tel: 416.588.5234 Fax: 416.588.1355 Other forms and information may be found at our website at:** [**http://nationalpcmgp.ca/**](http://nationalpcmgp.ca/)

**Teacher Certification Registration Form**

Welcome! Please send this information to us at the office to help us keep up-to-date and to assist us in planning for your professional development and certification. Thank you.

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| --- | --- | --- |
| **Agency/Organisation Name** | | |
| **Mailing Address** | | |
| **City/Town** | **Province** | **Postal Code** |
| **Phone** | **Fax** | **E Mail** |
| **Contact person(s)** | | |

This organisation is a member in good standing for this calendar year **Yes No**

This organisation has been sending program reports to the National Office **Yes No**

**For Self-Evaluation Registration, please fill out the section below**

For more information, please refer to the Training and Certification section of our website by clicking [here](http://nationalpcmgp.ca/training/training-certification/) or by contacting [info@nationalpcmgp.ca](mailto:info@nationalpcmgp.ca) with any questions you may have regarding full certification.

**Self-Evaluation Registration**

Name of Self-Evaluation Teacher

Name(s) of Co-teacher(s)

Date of this registration form Date of Teacher Training Workshop