

**MARTHA & MARY CHILDREN'S SERVICES**  
PROFESSIONAL DEVELOPMENT & RESOURCE CENTER  
**S.T.A.R.S. Registration Form**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail (optional to join e-mail list): \_\_\_\_\_

Course Title: \_\_\_\_\_

Training Date: \_\_\_\_\_ S.T.A.R.S. ID #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Payment Method: \_\_\_\_\_ Amount: \_\_\_\_\_

By completing this form and signing below, you acknowledge payment for class is non-refundable regardless of attendance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----

Mail with payment to: Martha and Mary Children's Services  
P.O. Box 127  
Poulsbo, WA 98370

**Registrations must be received with payment no less than 5 days prior to the date of class. Registrations will not be accepted without payment or proof of voucher.**

S.T.A.R.S. voucher payments are accepted. S.T.A.R.S. reimbursement forms for the cost of registration will be available at the class.

Contact us at (360) 626-2136 or by e-mail us at [childsvc@mmhc.org](mailto:childsvc@mmhc.org) if you have any questions.