

National Center on Early Childhood Quality Assurance Generic Registration Form for Gatherings: Registration Questions

This document includes a universe of potential questions to be selected from for registration purposes at events. It also includes a registration form example. The specific questions for each registration request will be selected based on the type of event and planning needs. The number of questions selected will take two minutes or less to complete. Each registration form will include an introduction and the Paperwork Reduction Act, as shown in the example below.

Universe of Registration Questions

Below is a list of potential questions and prompts that we may include in a NCECQA event registration form. The wording of the questions and the response options may be slightly modified according to the type of event and to the users' needs. The estimated maximum amount of time to complete each form is two minutes.

Registration Information for Any Meeting:

- First name
- Last name
- Email address
- Role (e.g., CCDF Administrator, child care provider, trainer, etc.)
- Title (Your actual title)
- State/Territory/Tribe
- Are you representing a CCDF Lead Agency? Please specify.
- Organization (Where you work)
- Phone number
- Do you need interpretation or translation? Which language?
- Do you require any accessibility accommodations? Please describe.
- What do you hope to learn or gain from this [webinar] [event]?
- What discussion/presentation format do you prefer?
- What topics would you like to discuss with peers?
- How much do you know about [event's main topic]?

Specific questions for in-person events/meetings:

- Mailing address
- Emergency contact name
- Emergency phone number
- Role at this event (Participant, presenter, facilitator, etc.)
- Which of the following accommodations would you need to participate in the event?
 - ☐ Assistive listening device
 - ☐ Captioning
 - ☐ Reserved front row seat
 - ☐ Large print

- ____ Advance copy of slides to be projected
- ____ Wheelchair access
- ____ Wheelchair access to working tables throughout room
- ____ Scent-free room
- ____ Lactation room
- ____ Gender neutral bathroom
- ____ Diet Restrictions. List: _____
- ____ Other: _____

OMB #: 0970-0617
Expiration Date: 09/30/26

Registration Form Example

The National Center for Early Childhood Quality Assurance (NCECQA) is collecting some data from event registrants helps us plan for logistics and understand who is attending NCECQA webinars, meetings, events, and presentations. This data allows us to better accommodate you for future events. The registration will take approximately two minutes to complete. Thank you for your time!

If you have questions about this survey, please contact Carol Hartman at Carol.Hartman@icf.com.

First Name

Last Name

Email Address

Your State, Territory, or Tribe

Are you representing a CCDF Lead Agency?

☐ Yes

Please specify _____

☐ No

Do you need interpretation or translation?

☐ Yes

Which language? _____

☐ No

PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to collect information individuals participating in Training and Technical Assistance (T/TA) activities provided by the National Center on Early Childhood Quality Assurance (NCECQA). The public reporting burden for this collection of information is estimated to average 2 minutes per respondent, including the time for reviewing instructions, gathering, and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0617 and the expiration date is 9/30/2026. If you have any comments on this collection of information, please contact Carol Hartman at Carol.Hartman@icf.com.