

OMB Control Number: 0970-0617

Expiration date: 09/30/2026

OCC School-Age Child Care Institute: Registration Questions

Meeting Registration

All fields followed by * are required.

Please select your role at this event. * (drop down list)

- Federal Employee
 - State CCDF Administrator
 - Territory CCDF Administrator
 - State CCDF Staff Member
 - Territory CCDF Staff Member
 - OCC National Center TA Staff
 - 21st Century Community Learning Center State Coordinator
 - State Afterschool Network Lead
 - Invited Presenter or Guest
 - Other
- Please specify _____

Contact Information

First Name *

Last Name *

Title *

Division/Department *

Organization *

City *

State *

ZIP Code *

Phone Number *

Email *

Emergency Contact Name

Emergency Contact Phone Number

Emergency Contact Email

OCC Region * (drop down list)

- Region I (CT, MA, ME, NH, RI, VT)
- Region II (NJ, NY, PR, VI)
- Region III (DC, DE, MD, PA, VA, WV)
- Region IV (AL, FL, GA, KY, MS, NC, SC, TN)
- Region V (IL, IN, MI, MN, OH, WI)
- Region VI (AR, LA, OK, NM, TX)
- Region VII (IA, KS, MO, NE)

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to collect registration information from potential participants in OCC's School-Age Child Care Institute to allow organizers to compile proper resources and tools for participants. Public reporting burden for this collection of information is estimated to average 5 minutes per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is voluntary. 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 09/30/2026. If you have any comments on this collection of information, please contact stacy.cassell@acf.hhs.gov.

- Region VIII (CO, MT, ND, SD, UT, WY)
- Region IX (AS, AZ, CA, GU, HI, MP, NV)
- Region X (AK, ID, OR, WA)
- N/A

Do you require any special accommodations?

Yes

Please Specify _____

No

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