**2017-2018 Parent Trust Fund Cycle Start-up Form**

Please email completed form to Nicole M. Vitale at vitale@ctserc.org **no later than 14 days after the start of each training cycle.**

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| Name of Organization: | Training Curriculum Used: | Today’s Date: |
| Retreat Date: (If Applicable) | Start Date of Training: | Anticipated End Date: |
| Name of Coordinator: | Phone: | Email: |
| Day of Week the Training Occurs: | Time of the Training: | Location of the Training: |
| Name of Facilitator: | Phone: | Email: |
| Name of Facilitator: | Phone: | Email: |
| Number of Parents in attendance at first class:  | Number of Children Enrolled (CLTI Only):  | Number of Children in Childcare: |
| Transportation Provided: [ ]  Yes [ ]  No | Food Provided: [ ]  Yes [ ]  No | Child Care Provided: [ ]  Yes [ ]  No |
| Please make a note of any special circumstances about the training. |