**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.**

|  |  |  |
| --- | --- | --- |
| 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. | | |