

Spring 2015 Class Registration Form

Provider Information

Classes fill up very quickly, so register early!

PARTICIPANT'S FIRST NAME _____ PARTICIPANT'S LAST NAME _____

HOME PHONE _____ WORK PHONE _____

DATE OF BIRTH (MM/DD/YYYY) _____

EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

- Which are you? Licensed Provider Pursuing License
 Program Staff Exempt
 Other

Submission Methods:

Email: ccrr@caowash.org

Fax: 971-223-6101

Mail or in Person:

Community Action Attn: CCR&R

1001 SW Baseline Street Hillsboro, OR 97123

Workshop Policies

By registering for a workshop/training with our agency you agree to our registration, attendance and cancellation policies. It is the attendee's responsibility to know the location, directions, date/time of the workshop.

To register for a workshop, you must:

1. Complete the registration form. Please use one form per person.
2. Mail, fax 971-223-6101, email (ccrr@caowash.org) or bring in your form with full payment. We must receive your registration at least 3 days in advance of the class date to allow for processing.
3. When we receive your registration and payment, we will confirm your classes by email.

Attendance Policies

To receive a training certificate, participants need to arrive on time and stay for the entire workshop.. Participants arriving 15 minutes after the advertised start time will not be admitted. If workshop is cancelled by CCR&R Training Bucks will be given since **refunds are not possible.**

Training Bucks are good for one year from their issue date.

Let us know if you can not attend. **Participants only** receive training bucks if CCR&R receives cancellation notice **3 days ahead** of the scheduled training.

CCR&R child care trainings are not held when local schools districts close due to inclement weather. School closures are announced on CCR&R's recorded message.

Refunds are not possible.

Children are not permitted in classes.

Workshop Information

Washington County									
Overviews				Safety Sets					
45586	FREE			45590	\$10			45591	\$35
45587	FREE			45592	\$10			45593	\$35
45588	FREE			45594	\$10			45595	\$35
Childhood Development and Program Workshops									
45596	\$25			45597	\$25			45600	\$20
45601	\$20			45602	\$20			45603	\$50
45604	\$20			45606	\$25			45605	\$25
45608	\$15			45609	\$30			45610	\$30
45611	\$20			45612	\$25			45613	FREE
Columbia County									
Overviews				Safety Sets					
45572	FREE			45575	\$10			45574	\$35
45573	FREE								
Childhood Development and Program Workshops									
45656	\$20			45577	FREE			45578	\$20
45579	\$20			45580	\$20			45581	\$20
Food Handlers									
Food Handlers	\$10								
IQT Washington County					IQT Columbia County				
45614	FREE			45582	FREE				
45615	FREE			45583	FREE				

Total # of Workshops: _____ Total Fees: _____

Payment Type: Cash Check Card Training Bucks

Make checks payable to *Community Action*

To pay by card, complete the following information

Name: _____
(as it appears on Card)

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Card #: _____ - _____ - _____

Vcode: _____ Expiration: _____

Total amount to be charged to Credit Card: _____

Office Use Only	ENT SP	ENT ORO	Confirmation	Date	Initials