

Summer 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:
 CCR&R: Community Action
 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						
46543	FREE		46546	\$10		46547	\$35		
46544	FREE		46548	\$10		46549	\$35		
46545	FREE		46550	\$10		46552	\$35		
Childhood Development and Program Workshops									
46525	\$0		46528	\$20		46529	\$55		
46530	\$25		46534	\$55		46535	\$30		
46537	\$25		46536	\$25		46538	\$45		
46539	\$25								
Building Blocks of Social and Emotional Development									
46526	\$10		46527	\$10		46532	\$10		
46533	\$10								
Columbia County									
Overviews			Safety Sets						
46605	FREE		46607	\$35		46608	\$10		
46606	FREE								
Childhood Development and Program Workshops									
46597	FREE		46598	\$20		46599	\$50		
46600	\$20		46609	\$15		46601	\$20		
Food Handlers									
Food Handlers	\$10								
IQT Washington County					IQT Columbia County				
46540	Free		46610	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