

Winter 2014 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
 Staff Exempt
 Other

Submission Methods:

Email: ccr@caowash.org
Fax: 971-223-6101
Mail or in Person: Community Action
 Attn: CCR&R
 1001 SW Baseline Street
 Hillsboro, OR 97123

Problems filling this out with the computer? Click [HERE!](#)

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 and 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 (503) 971-223-6101, email (ccr@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

Cancellations must be given 3 days before any workshop to receive Training Bucks. In the event that a workshop is canceled by CCR&R, Training Bucks will be given since **refunds are not possible**.

If you miss a class and have not given at least 3 days notice, Training Bucks will not be given. Participants arriving 15 minutes after the advertised start time of the workshop will not be allowed to attend and will not receive a certificate. Participants must attend the entire workshop to receive a certificate. If you miss a class because you do not know the location, directions, time or date of training, Training Bucks will NOT be given.

Refunds are not possible.
Children are not permitted in classes.

Workshop Information

Washington County									
Overviews				Safety Sets					
41010	Free			41002	\$10		41003	\$35	
41011	Free			41004	\$10		41005	\$35	
41012	Free			41006	\$10		41007	\$35	
Childhood Development and Program Workshops									
41028	\$25			41029	\$25		41045	\$15	
41030	Free			41031	\$25		41038	\$25	
41046	\$15			41032	\$25		41033	\$25	
41034	Free			41047	\$15				
Columbia County									
Overviews				Safety Sets					
40998	Free			41000	\$35		41001	\$10	
40999	Free								
Childhood Development and Program Workshops									
41023	\$15			41024	\$20		41025	\$20	
41026	\$20			41027	\$15				
Online Classes									
41048	\$60			41049	\$100				
Self Studies									
Food Handlers									

Total # of Workshops: _____ Total Fees: _____

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: _____
 Amount to be charged to Credit Card: _____

Office Use Only	ENT SP	ENT ORO	Confirmation	Date	Initials