

Summer 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: 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 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 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.

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

Workshop Information

Washington County									
Overviews				Safety Sets					
42858	Free			42863	\$10			42864	\$35
42859	Free			42865	\$10			42866	\$35
42860	Free			42867	\$10			42868	\$35
Childhood Development and Program Workshops									
42905	\$25			42906	\$20			42907	\$30
42908	\$25			42909	\$25			42910	\$20
42911	\$20			42912	\$30			42913	Free
42914	\$25			42915	\$25			42916	\$35
Columbia County									
Overviews				Safety Sets					
42857	Free			42861	\$10			42862	\$35
Childhood Development and Program Workshops									
42917	\$30			42918	\$20			42919	\$20
42920	Free			42921	\$20				
Self Studies									
Food Handlers	\$10			Read & Reflect	\$15				
Online OPP	\$120	42922		View & Reflect	\$10				

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