**Child Care Resource & Referral/Class Registration Form/*ONE FORM PER PERSON***

**PLEASE PRINT**

|  |  |
| --- | --- |
| **First Name:** | **Last Name:** |
| **Home Address:** | |
| **City:** | **Zip:** |
| **Phone:** | **Birth date: MM/DD/YYYY Gender: M/F** |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training ID #** | **COURSE** | **COUNTY** | **DATE** | **COST** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Food Handler packet** | **Yes! Please mail me a Food Handler Packet. I have attached a payment of $10.00 Circle: English/Spanish/Russian** |  |  |  |

**Total: $**

***FOR OFFICE USE ONLY***

Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCR&R Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cashier Code: \_\_\_Cash \_\_\_Check/Number \_\_\_Money Order \_\_\_Not Paid \_\_\_Scholarship

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Cashier Code: \_\_\_Cash \_\_\_Check/Number \_\_\_Money Order \_\_\_Not Paid \_\_\_Scholarship

***OFFICE USE ONLY*** Cash\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_ Money Order \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entered into ORO\_\_\_

Class Credit \_\_\_\_ Scholarship \_\_\_\_\_\_ Free \_\_\_ **Front Desk Staff \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ CCR&R Staff \_\_\_\_**

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Class Credit \_\_\_\_ Scholarship \_\_\_\_\_\_ Free \_\_\_ **Front Desk Staff \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ CCR&R Staff \_\_\_\_**

***FOR OFFICE USE ONLY***

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