**CHILD CARE RESOURCE & REFERRAL OF MARION, POLK & YAMHILL COUNTIES**

**NEW CLASS PAYMENT POLICY-BEGINNING JULY 2016**

**To register for a class, you MUST PRE-PAY:**

* We will no longer pre-register over the phone or by email. All classes require payment upon registration. This does not apply to classes that are held free of charge or for licensed family providers who are eligible for CPR/FA & RRCAN renewal.
* If not registering ONLINE, each person registering for a class needs to fill out a separate registration form. One form per person. Please make copies as needed or download more copies from our website: **www.mycommunityaction.org/CCRR**
* **Payments are only transferable within designated program.**
* Placement in a requested class will be on a first-come, first-serve basis. All classes are space limited.
* We are not responsible for any ***CASH mailed to us.***

**To pay choose your option:**

***New Option # 1:*** Pay online with credit/debit card through website: [www.mycommunityaction.org/CCRR](http://www.mycommunityaction.org/CCRR) If paying outside of normal business hours on the day of the class or over the weekend, please bring payment confirmation to the class for proof of payment and to receive class certificate of attendance.

**Option #2:** Complete class registration form and mail with payment(s), (check or money order only) to address listed on the form. Payment must be received prior to date of class. We will call if a class is full when we receive your registration and payment.

**Option #3**: Complete class registration form and pay in person in our office, prior to the class (during working hours, we will accept cash, check, money order or debit/credit card).

**Refund Policy: NO REFUNDS** – we are only providing **class credit** to those who give prior notice or a class is cancelled.

**Cancellation Policy:** Cancellations must be received prior to the class at the latest **by 3pm on the class date**. In the event that class is cancelled, by either CCR&R or the participant, CCR&R will send a **CLASS CREDIT VOUCHER** (Training Bucks) that can be used to attend future workshops. The class credit voucher is good for one year from issue date.

**Check Returned Policy**

All checks returned to MWVCAA/CCR&R because of insufficient funds, will be subject to the following fee: in addition to the amount of the returned check, you will be charged an NSF Fee of **$25.00;** **you must immediately pay** by cash or money order. We cannot accept a personal check from you.

**Attendance Policy:** If you miss a class and have not given prior notice, you forfeit the payment for the class, you are considered a NO SHOW. It is important that participants arrive on time and stay for the duration of the class. Participants arriving ***later than 15 minutes*** after the start of class will not be allowed in. ***Full attendance is mandatory.***

**Inclement Weather:** In the case of inclement weather, CCR&R classes will be cancelled when Community Action Agency is closed. Closures will be announced via radio, television networks or CCR&R staff. If class is not cancelled and you choose not to attend, you forfeit any applicable payment. If class is cancelled by CCR&R, staff will contact you with new date of the class.

**Accommodations Available:** Individuals who require accommodations due to language or disability may contact CCR&R at 503-585-2491. Please call at least two weeks prior to date to ensure availability.

**CCR&R Classroom Etiquette**

* Come prepared. Bring writing utensils and a notepad or notebook paper to take notes.
* Be ready to start at the scheduled class time.
* **No children are allowed in class**. If you have a breastfeeding infant and need to bring him/her to class, please call us to make arrangements.
* Please make sure to sign in on the roster sheet when you arrive at the class.
* **Cell phones must be in silence mode or turned off**, please be respectful in using them during breaks or in an emergency.
* Your questions, class participation, and engagement are very important and highly encouraged. Remember to be respectful to all and mindful of the class flow. Avoid unnecessary interruptions.
* It is **your responsibility** to track the dates of the classes you register for.

Revision 6/3/2016

**CCR&R CLASS REGISTRATION FORM *ONE FORM PER PERSON***

**REGISTRATION FORM MUST BE FILLED OUT** ***COMPLETELY***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FIRST NAME:  **PLEASE PRINT** | | LAST NAME: | | |
| HOME ADDRESS: | | CITY: | | |
| ZIP: | | BIRTH DATE: MM/DD/YYYY  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ | | |
| PHONE NUMBER: | | GENDER: MALE 🞏 FEMALE 🞏 | | |
| Personal Email:  (For class confirmation – **PLEASE PRINT** ) | | | | |
| CENTER NAME (if applicable) | |  | | |
| TRAINING ID # | NAME OF THE TRAINING | COUNTY | DATE | COST |
| # |  |  |  | $ |
| # |  |  |  | $ |
| # |  |  |  | $ |
| # |  |  |  | $ |
| Food Handler **Self-Study Packet** | Yes! Please mail me a FH self-study packet. I have attached a payment of $10.00  Check: English 🞏 Spanish 🞏 Russian 🞏 | | | $ |
| Do you need a receipt mailed to you? Yes 🞏 No 🞏 Date mailed:\_\_\_\_\_\_\_\_\_\_\_\_  Receipt given by receptionist/***Initials:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Total:  $ |

**ATTENTION: We serve only Marion, Polk & Yamhill Counties.**

Please mail the class registration form **with** payments to:

**MWVCAA/CCRR**

**Attn: Accounts Payable**

**2475 Center Street NE \* Salem OR 97301**

 

***OFFICE USE ONLY* PAID BY: (If different name on the form) *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Cash $\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($\_\_\_\_\_\_\_) Money Order # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($\_\_\_\_\_\_\_\_)

Class Credit Voucher: (# \_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_) **Front Desk Staff \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Scholarship \_\_\_\_\_\_ Free \_\_\_  **CCR&R Staff \_\_\_\_\_\_\_** Entered into ORO\_\_\_\_\_

Credit/Debit card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_