

# Registering for Workshops Fall 2011

Please carefully read all information below.

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.

Walk-in registration hours are 9am - 4:30pm.

Please call us at 971-223-6100 to check on the current status of classes before sending in your payment. If you send a payment and the class is full, you will receive a coupon (Training Bucks) to use towards future classes.

**Refunds are NOT possible.**

To register for a workshop, you must:

1. Complete the registration form. Please use one form per person.
2. Mail or walk-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, **as a courtesy**, we will confirm your classes by the method you have indicated on your registration form.

### Cancellation Policy

Cancellations must be given **3 days** before any workshop to receive Training Bucks (TB). In the event that a workshop is canceled by CCR&R, TB will be given.

### Attendance Policy

If you miss a class and have not given at least **3 days notice, TB 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, TB will NOT be given.**

**Children are not permitted in classes.**

Make check payable to **Community Action**, then mail registration form to:

Community Action  
Attn: CCR&R  
1001 SW Baseline Street  
Hillsboro, OR 97123

# Get Into Training - Fall 2011!

**WARNING: Classes fill up very quickly! Register early!**

- **\*RED BOLD** = Required Information - Please print clearly -

NAME: \_\_\_\_\_

\* **HOME PHONE:** \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

\* **BIRTHDAY** (MM/DD/YYYY): \_\_\_\_\_

CHILD CARE NAME: \_\_\_\_\_

\* **EMAIL:** \_\_\_\_\_

\* **HOME ADDRESS:**

Street Address

City

Zip

\* **Type of Care?**

- Reg. Family     Cert. Family     Exempt Family (not licensed)  
 Center Staff     Other

Please confirm my classes by:

**Home Phone**  OR **Work Phone**  OR **Email**

Please initial the workshops that you are registering for:

| Wksp #     | Fees | Initial to register | Wksp #   | Fees | Initial to register | Wksp #  | Fees | Initial to register |
|------------|------|---------------------|----------|------|---------------------|---------|------|---------------------|
| CSS-11-252 | \$10 |                     | C34-252  | \$20 |                     | E24-252 | \$25 |                     |
| CSS-12-252 | \$35 |                     | C35-252  | \$30 |                     | E25-252 | \$20 |                     |
| SS-31-252  | \$10 |                     | C36-252  | \$20 |                     | E26-252 | \$20 |                     |
| SS-32-252  | \$35 |                     | COR 12/1 | FREE |                     | E27-252 | \$20 |                     |
| SS-33-252  | \$10 |                     |          |      |                     | E28-252 | \$25 |                     |
| SS-34-252  | \$35 |                     | E15-252  | \$15 |                     | E29-252 | \$25 |                     |
| SS-35-252  | \$10 |                     | E16-252  | \$15 |                     | OR 12/6 | FREE |                     |
| SS-36-252  | \$35 |                     | E17-252  | \$25 |                     | E30-252 | \$30 |                     |
|            |      |                     | E18-252  | \$25 |                     |         |      |                     |
| OVC 10/19  | FREE |                     | E19-252  | \$20 |                     |         |      |                     |
| OVC 11/16  | FREE |                     | E20-252  | \$20 |                     |         |      |                     |
| OVC 12/14  | FREE |                     | E21-252  | \$20 |                     | FH      | \$10 |                     |
| COVC 12/14 | FREE |                     | E22-252  | \$20 |                     |         |      |                     |
|            |      |                     | E23-252  | \$25 |                     |         |      |                     |

**Total # of Workshops:** \_\_\_\_\_ **Total Fees:** \_\_\_\_\_

|                     |                                 |                             |                             |          |
|---------------------|---------------------------------|-----------------------------|-----------------------------|----------|
| For Office Use Only | WI <input type="checkbox"/>     | PR <input type="checkbox"/> | Date:                       | Initial: |
|                     | ENT DB <input type="checkbox"/> |                             | Date:                       | Initial: |
|                     | PC <input type="checkbox"/>     | LM <input type="checkbox"/> | EC <input type="checkbox"/> | Date:    |

