

Registering for Workshops Summer 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 - 4pm.

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.

Refunds are NOT possible.

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 - Summer 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-9-251	\$10		C31-251	\$20		E10-251	\$20	
CSS-10-251	\$35		C32-251	\$10		E11-251	\$45	
SS-25-251	\$10		C33-251	\$20		E12-251	\$30	
SS-26-251	\$35					E13-251	\$20	
SS-27-251	\$10		E1-251	\$30		E14-251	\$20	
SS-28-251	\$35		E2-251	\$20				
SS-29-251	\$10		E3-251	\$15		SE1-251	\$10	
SS-30-251	\$35		E4-251	\$15		SE2-251	\$10	
			E5-251	\$20		SE3-251	\$10	
OVC 7/13	FREE		E6-251	\$20		SE4-251	\$10	
OVC 8/17	FREE		E7-251	\$20				
OVC 9/14	FREE		E8-251	\$20		FH	\$10	
COVC 7/13	FREE		E9-251	\$20				
COVC 9/14	FREE		OR 8/30	FREE				

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: