

Summer 2017 Training 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
 Program 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

Training Policies

By registering for a 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/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**.

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. CCR&R child care trainings are not held when local schools districts close due to inclement weather. School closures are announced on CCR&R's recorded message.

Refunds are not possible.

Nursing infants are the only children permitted in class.

Training Information

Washington County								
Overviews			Safety Sets					
55164	FREE		55176	\$10		55172	\$45	
55165	FREE					55173	\$45	
55167	FREE					55174	\$45	
Childhood Development and Program Trainings								
55199	\$42		55216	\$56		55222	\$56	
55200	\$56		55218	\$24		55243	\$24	
55201	\$24		55219	\$42				
55240	\$42		55220	\$24				
Online Trainings								
55273	\$42		55270	\$90		55276	\$90	
55277	\$60		55280	\$42		55281	\$42	
Columbia County								
Childhood Development and Program Trainings								
55263	\$28		55265	\$28		55267	\$28	
55268	\$42							
Food Handlers			Spark			Health & Safety		
Food Handlers	\$10		55242	FREE		55186	\$5	

Total # of Workshops: _____ Total Fees: _____

Payment Cash Check Card Training Bucks

**Make checks payable to *Community Action*
If paying by check, individual or facility name:**

To pay by card, complete the following information

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Card #: _____

Vcode: _____ Expiration: _____

Total amount to be charged to Credit card: _____

Office Use Only	Received By	Date	Fiscal	Confirmation