

# Registering for Workshops Spring 2012

**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  
Monday-Friday 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, 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 since 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.

**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 - Spring 2012!

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

\* = Required Information - Please print clearly

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

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

\* DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_

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

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

\* Type of Care - please check one:

- Registered Family     Certified Family     Exempt Family (not licensed)  
 Center Staff     Other

Please confirm my classes by:

- Home Phone     Work Phone     Email

\* HOME ADDRESS:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

Wksp #	Fee	Check to register	Wksp #	Fee	Check to register	Wksp #	Fee	Check to register
Columbia County			Washington County					
CSS-15-254	\$10		SS-43-254	\$10		E54-254	\$10	
CSS-16-254	\$35		SS-44-254	\$35		E55-254	\$45	
COVC 5/15	FREE		OVC 4/19	FREE		E56-254	\$20	
C46-254	\$20		OVC 5/17	FREE		E57-254	\$20	
C47-254	\$15		OVC 6/14	FREE		E58-254	\$30	
C48-254	\$15		E48-254	\$20		E59-254	\$25	
C49-254	\$20		E49-254	\$25		E60-254	\$25	
C50-254	\$20		E50-254	\$25		E61-254	\$20	
C51-254	\$20		E51-254	\$25		E62-254	\$45	
			E52-254	\$20		E63-254	\$20	
			E53-254	\$20		FH	\$10	

**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: