

Registering for Workshops Spring 2013

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 - 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, fax (503)648-4175, 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, unless none is provided. Be sure to check your junk email folder for correspondence.

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, Training Bucks 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.**

Our calendar of classes (including status of current classes - full, cancelled, etc.) and registration form are available at any time by visiting www.oregonchildcaretraining.org

New! If you would like to pay by card, you may do so by filling out the following information:

Name: _____
 Billing Address: _____
 City: _____ Zip: _____
 Phone: _____
 Card #: _____
 Type of Card (circle one): Visa M/C AmEx
 Vcode: _____ Expiration: _____

Office Use Only	ENT SP <input type="checkbox"/>	ENT ORO <input type="checkbox"/>
	PC <input type="checkbox"/>	LM <input type="checkbox"/> EC <input type="checkbox"/>
	Date: _____	Initials: _____

Get Into Training - Spring 2013!

Classes fill up very quickly, so register early!

* = Required Information - Please print clearly

*NAME: _____

* HOME PHONE: _____ WORK PHONE: _____

* DATE OF BIRTH (MM/DD/YYYY): _____

CHILD CARE BUSINESS NAME: _____

* EMAIL: _____

* HOME ADDRESS: _____

Street Address _____

City _____ Zip _____

* Type of Care - please check one:

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

Wksp #	Fee	Wksp #	Fee	Wksp #	Fee
Columbia County			Washington County		
CSS-7-258	\$35	SS-19-258	\$10	E46-258	\$25
CSS-8-258	\$10	SS-20-258	\$35	E47-258	\$25
COVC 5/8/13	FREE	SS-21-258	\$10	E48-258	\$20
C12-258	\$20	SS-22-258	\$35	E49-258	\$45
C13-258	\$20	SS-23-258	\$10	E50-258	\$20
C14-258	\$20	SS-24-258	\$35	E51-258	\$25
C15-258	FREE	OVC 4/18/13	FREE	E52-258	\$25
C16-258	\$20	OVC 5/23/13	FREE	E53-258	\$20
C17-258	\$20	OVC 6/20/13	FREE	E54-258	\$30
Food Handlers	\$10	E42-258	\$20	DPI-258	\$15
View/Reflect	\$10	E43-258	\$25	DP2-258	\$15
Read/Reflect	\$15	E44-258	\$25	DP3-258	\$15
		E45-258	\$20	DP4-258	\$15

Total # of Workshops: _____ Total Fees: _____

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

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