

Registering for Workshops Summer 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. **Pediatric First Aid/CPR classes fill up the quickest, so plan ahead!**
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. We no longer offer phone confirmations.

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: _____

Get Into Training - Summer 2013!

Classes fill up very quickly, so register early!

* = Required Information - Please print clearly

ORO Unique ID#: _____ (If this is provided, no other information is required)

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

Columbia County			Washington County					
Wkshp	Fee		Wkshp	Fee		Wkshp	Fee	
39255	\$35		39257	\$10		39267	\$40	
39256	\$10		39258	\$35		39268	\$20	
39253	FREE		39259	\$10		39269	\$20	
39254	FREE		39260	\$35		39270	\$20	
39279	\$55		39261	\$10		39271	\$45	
39280	\$20		39262	\$35		39272	\$20	
39281	\$10		39250	FREE		39273	\$40	
39282	\$15		39251	FREE		39274	\$20	
Food Handlers	\$10		39252	FREE		39275	\$10	
View/Reflect	\$10		39263	\$20		39276	\$10	
Read/Reflect	\$15		39264	\$25		39277	\$10	
			39266	\$20		39278	\$10	

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: _____	

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