

# Child Care Provider Training Registration Form



Registration is accepted with pre-payment ONLY

Send this form with Payment to:  
**Metro CCR&R**  
**123 E. Powell Blvd, Ste 211**  
**Gresham, OR 97030**

or pay online at [www.metroccrr.org/pvdtraining.htm](http://www.metroccrr.org/pvdtraining.htm)

Questions? 503-253-5000 ext. 2599

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**YOU MUST PRE-REGISTER.**  
**NO PAYMENTS ACCEPTED DAY OF CLASS.**

*For Office Use Only*

Check # \_\_\_\_\_ Amount \_\_\_\_\_

Date Received: \_\_\_\_\_

Class	Cost	Date	County
<b>Super Saturday</b>			
SS—RRCAN	\$10		
SS—Food Handler	\$10		
SS- CPR/First Aid	\$30		
RRCAN (evening)	\$10		
CPR/First Aid (am)	\$30		
Food Handler (mail)	\$12	<input type="checkbox"/> Please MAIL packet to address at left.	
<b>Workshop Name</b>			
	<b>Cost</b>	<b>Date</b>	<b>Location</b>
<b>Total Enclosed:</b>	\$ _____ (check or money order)		

*Please do not wait to send registration, as classes fill up quickly.*