

Child Care Provider Training Registration Form

Registration is accepted with pre-payment ONLY



Metro CCR&R
123 E Powell Blvd., Suite 300
Gresham, OR 97030

Or register online
[CLICK CCDS METRO](#)

Prepayment and registration is required.

Mail payment with this form or
Order online with a credit or debit card

www.metroccrr.org

Questions? 503.253.5000 x 2599
or reception@metroccrr.org

Name: _____

Phone: _____

Email: _____

Address: _____

Class	Cost	Date	County
Super Saturday - All	\$57		
<i>Only RRCAN</i>	\$15		
<i>Only Food Handler</i>	\$12		
<i>Only CPR/First Aid</i>	\$35		
Blended CPR/First Aid Only	\$45		
Food Handler (mail)	\$15	<input type="checkbox"/> Please MAIL packet to address at left.	
Workshop Name	Cost	Date	Location
Total Enclosed:	\$ _____ (check or money order)		

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

<i>For Office Use Only</i>		
Check # _____	Amount _____	Date Received: _____