

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 pay online at www.metroccrr.org

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> | \$10 | | |
| <i>Only Food Handler</i> | \$12 | | |
| <i>Only CPR/First Aid</i> | \$35 | | |
| Food Handler (mail) | \$15 | <input type="checkbox"/> <i>Please MAIL packet to address at left.</i> | |
| | | | |
| 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: _____ |