



Health and Safety Training

Child Care Links is now offering CPR/First Aid and Preventative Health Classes!

Please read instructions below before registering

- Preregistration and prepayment are required. Space is limited/register early. Please make check payable to Child Care Links. If mailing in registration form and payment, please mark envelope: Attention: Health and Safety
 - Please arrive on time. **NO LATE ARRIVALS WILL BE ADMITTED.**
 - **No cash refunds.**
 - **If you cancel or do not show, your payment is forfeited.**
 - **If you miss a class due to an emergency, you can reschedule one time, provided you notify Child Care Links of the emergency, either before the class or within two working days after the class.**
 - For health and safety reasons, infants and children are not allowed to accompany participants.
 - Wear comfortable clothes, as you will be practicing CPR on the floor.
 - There is a lunch break during these classes, please bring a sack lunch.
 - Child Care Links strives to provide a fragrance-free environment. Please refrain from wearing scented products; persons with environmental sensitivities may be in attendance.
 - As funds allow, and with proper documentation, you **may** be eligible for reimbursement. Contact your local Child Care Resource and Referral Agency for details.
- For Child Care Links, please call **925.417.8733**.

Preventative Health \$40	Beginning January 2016	9:00am-4:30pm (½ hour lunch) 9:00am-5:30pm (½ hour lunch)
CPR/First Aid \$90		9:00am-5:30pm (½ hour lunch)
CPR, First Aid and Preventative Health \$130		

**6601 Owens Drive, Suite 100
Pleasanton, CA 94588
www.childcarelinks.org**

Please complete below form and submit to Child Care Links with Payment.

Name: (please print) _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

I work in a: _____ Center _____ Family Child Care Home _____ Other

**I would like to attend First Aid/CPR
from 9:00am – 5:30pm on:**

_____ Saturday, 3 October 2015

_____ Saturday, 12 December 2015

_____ Saturday, 6 February 2016

_____ Saturday, 9 April 2016

_____ Saturday, 4 June 2016

**I would like to attend Preventative Health
from 9:00am – 4:30pm on:**

_____ Saturday, 14 November 2015

_____ Saturday, 9 January 2016

_____ Saturday, 12 March 2016

_____ Saturday, 14 May 2016

For office use only: Payment: Cash \$_____ Check \$_____ #_____

Check Issued by (name) : _____

Date: _____ Staff initials _____