



Health and Safety Training

State of California, EMSA approved

CPR, First Aid and Preventative Health (including one-hour Childhood Nutrition)

Please read instructions below before registering

- Preregistration and prepayment are required. Space is limited, register early.
- Make check payable to Child Care Links. **If mailing in registration form and payment, mark envelope: Attention: Health and Safety**
- 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.
- A lunch break is included. 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 \$60	9:00am - 5:30pm (½ hour lunch)
CPR/First Aid \$90	9:00am - 5:30pm (½ hour lunch)
CPR, First Aid and Preventative Health \$150	

**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: ____ Child Care Center ____ Family Child Care Home ____ Other

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

_____ Saturday, 11 February 2017

**I would like to attend Preventative Health
from 9:00am – 5:30pm on:**

_____ Saturday, 10 December 2016

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

_____ Saturday, 8 July 2017

**I would like to attend Preventative Health
from 9:00am – 5:30pm on:**

_____ Saturday, 18 March 2017

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

_____ Saturday, 14 October 2017

**I would like to attend Preventative Health
from 9:00am – 5:30pm on:**

_____ Saturday, 17 June 2017

**I would like to attend Preventative Health
from 9:00am – 5:30pm on:**

_____ Saturday, 18 November 2017

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

Check Issued by (name) : _____

Date: _____ Staff initials _____