



CHILD CARE LINKS Health and Safety Training

State of California, EMSA approved
CPR, First Aid and Preventative Health (one-hour Childhood Nutrition included)

Please read instructions below before registering.

- Pre-registration and pre-payment 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 am in the process of opening a Center Based or Family Home Child Care Program

I work in a Child Care Center

I work in a Family Child Care Home

Other: _____

I would like to attend:

CPR and First Aid
9:00am – 5:30pm

Preventative Health
9:00am – 5:30pm

_____ Saturday, 10 February 2018

_____ Saturday, 24 March 2018

_____ Saturday, 7 July 2018

_____ Saturday, 9 June 2018

_____ Saturday, 13 October 2018

_____ Saturday, 17 November 2018

Workforce Registry Number: _____ (Child Care Providers ONLY)

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

Check Issued by (name) : _____

Date: _____ **Staff initials** _____