

4Cs Registration Form

Please complete and mail the registration form with a check or money order to:

**4Cs Child Care Resource & Referral
Attn: Education and Training
1500 Sycamore St., Iowa City, IA 52240**

*We expect you to arrive at your training at least 5-10 minutes early to allow time to sign-in and be seated.
If you arrive late, you will not be allowed to receive training credit and you will not be eligible for a refund.*

**Please refer to page two for a more complete list of our training policies.*

Please print clearly & use only one form per person!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Check one: I am a parent Child Development Home Provider
 Child Care Center/BASP (Please list) _____

Training Date	Title of Training	County	Cost	Amount enclosed
Example: 8/24/08	CPR Only	Johnson	\$30	\$30
	First Aid, CPR & UP		\$50	
	CPR & First Aid		\$45	
	CPR & UP		\$35	
	First Aid & UP		\$35	
	CPR		\$30	
	First Aid		\$30	
	Universal Precautions		\$5	
	Mandatory Reporting of Child Abuse		\$10	

TOTAL	\$
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