

Child Care Resource and Referral of Lee County

Training Policies/ Effective July 1, 2014

507 N. Steele St., Sanford, NC 27330

919-774-8144 Ext. 209 or 210

Registration

- In order to register for training, a completed registration form and payment must be received in our office by the deadline date. Your registration payment holds your space, so please pay as early as possible. **Money will not be accepted at the door.**
- One form must be completed for each workshop. If there are more than 6 participants please complete an additional form.
- The training registration deadline is **noted in the training calendar.**
- You are automatically registered when your completed form and payment are received. You will be called, only if the workshop is canceled or too full to accept registration.

Fees

- Training cost is \$5.00 per session unless otherwise noted on the training calendar. **Always** send in a registration form, even if the training is free.
- Personal Checks or money orders should be made payable to: **Coalition for Families,** cash is also accepted.
- Fees are non-refundable unless CCR&R cancels the class. If fees are not collected from at least 10 participants, the training may be cancelled.

Cancellation

- Cancellation may be made for emergency reasons only. **Credit** to another workshop will be given if notification is made within (2) business days following the workshop. **No refunds will be given.**

Other Issues

- Children will not be allowed into training sessions.
- Please be on time. Classes start on time. If you will be more than 15 minutes late, consider taking the class on another date. Your certificate will reflect the time that you actually attended training.
- All cell phones must be turned off or set on silent during the training session, no texting during class.
- CCR&R will follow Lee County School System closings for inclement weather.
- CCR&R representatives hold the right to ask disruptive participants to leave and/or not return to future trainings.

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Mail registration form along with payment to: Coalition for Families
507 N. Steele St.
Sanford, NC 27330

Title of Training: _____

Date of Training: _____

Name of Your Facility: _____

Your Facility Phone Number: _____

E-Mail Address: _____

Name(s) of Participant(s)

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Cost of training per participant: \$ _____

Total amount paid: \$ _____