

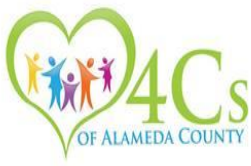
Child Care Health and Safety Training

4Cs offers Infant/Child CPR and First Aid Training and Preventive Health Practices in our Hayward Office. These classes are designed especially for all types of child care providers and meet the requirements for child care licensing (16 hours). Please note:

- **PREREGISTRATION AND PREPAYMENT ARE REQUIRED.** To register and pay visit www.4calameda.org or complete the registration form. Make check or money order payable to 4Cs of Alameda County. Space is limited please register early.
- Mail registration form and payment to: 4Cs of Alameda County, Attention Health & Safety 22351 City Center Drive, Hayward, CA 94541. A confirmation will be sent by email.
- If you miss a class due to an emergency you can reschedule one time, provided you notify 4Cs either before the class or within two working days after the class. Please call Cynthia Fernandez at 510-584-3120.
- There are no refunds for classes. If you don't come, your payment is forfeited. Substitutions may be allowed with prior arrangement.
- For health and safety reasons, children are not allowed to accompany parents to the class.
- Please arrive 15 minutes prior to the class start time to allow for registration. **NO LATE ARRIVALS WILL BE ADMITTED.** The start time is strictly enforced.
- Wear comfortable clothes to the CPR/First Aid classes. You will be practicing on the floor. Instructors will model adaptations for those who are not able to get down on the floor.
- No food will be provided during classes. Bring a sack lunch and your own snacks and drinks.
- 4Cs strives to provide a fragrance-free training environment. Please refrain from wearing scented products or lipstick; 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.

Attention Attendee: **KEEP FOR YOUR RECORDS**

REMINDER: *I registered for:* _____ *Date/Time of class:* _____ *Paid \$* _____



4Cs Child Health and Safety Training Registration Form

Name (please print) _____

Address _____ City _____ Zip _____

Phone _____ Email _____

(Required for confirmation – print clearly)

I work in a: ___ Center ___ Family Child Care Home ___ Perspective Provider ___ other

Registrations must be received by the Wednesday before the Saturday class. If after, please call **510-584-3120** for availability.

Receive a free CPR/FA textbook and DVD when taking CPR/FA class!

Please mark the class you want to attend.

All classes take place at the 4Cs Office, 22351 City Center Drive #150 Hayward 94541

CLASS	DATE	TIME	LANGUAGE	PRICE
CPR/First Aid	Saturday, January 6, 2018	9:00am-5:00pm	English	\$90
Preventive Health Practices	Saturday, January 13, 2018	9:00am-5:00pm	English	\$20
CPR/First Aid (<i>Spanish</i>)	Saturday, January 20, 2018	9:00am-5:00pm	<i>Spanish</i>	\$90
Preventive Health Practices (<i>Chinese</i>)	Saturday, February 10, 2018	9:00am-5:00pm	<i>Chinese</i>	\$60
CPR/First Aid	Saturday, February 10, 2018	9:00am-5:00pm	English	\$90
CPR/First Aid (<i>Chinese</i>)	Saturday, March 3, 2018	9:00am-5:00pm	<i>Chinese</i>	\$90
CPR/First Aid	Saturday, March, 10, 2018	9:00am-5:00pm	English	\$90
CPR/First Aid	Saturday, April 14, 2018	9:00am-5:00pm	English	\$90
CPR/First Aid (<i>Chinese</i>)	Saturday, April 28, 2018	9:00am-5:00pm	<i>Chinese</i>	\$90
Preventive Health Practices (<i>Spanish</i>)	Saturday, April 28, 2018	9:00am-5:00pm	<i>Spanish</i>	\$60
Preventive Health Practices	To be determined	9:00am-5:00pm	English	\$60
CPR/First Aid	Saturday, June 2, 2018	9:00am-5:00pm	English	\$90
CPR/First Aid (<i>Spanish</i>)	Saturday, June 23, 2018	9:00am-5:00pm	<i>Spanish</i>	\$90

To register and pay by credit card or PayPal visit www.4calameda.org

If paying by check or money order payable to: **4Cs of Alameda County**

Note: A \$15 Discount offered if enrolled in both CPR/First Aid class and the Preventive Health Practices class- Total \$135.00

For office use only: Cash \$ _____ Check \$ _____ # _____ M.O. \$ _____ # _____ Date: _____ Staff Initials _____
