



HEALTH AND SAFETY TRAINING 2016-2017 SCHOLARSHIP REIMBURSEMENT

Reimbursements will be made for REQUIRED Health and Safety classes in accordance with AB 248. Funds will be distributed on a **first come-first served** basis OR until **funds are exhausted**. Recipient must live and work in the city of San Leandro, San Lorenzo, Castro Valley, Hayward, Union City, Newark or Fremont. *Training must be taken between July 1, 2016 and June 30, 2017.* Reimbursement may be made up to \$70.00 per person (depending on eligibility). Recipient must pay at least \$5.00 of each training component cost. Up to 3 people per facility. For questions, call Diana Cortes at 510-690-2164. Incomplete forms will be returned.

Fill out the form **completely**, one form per person, submit the following:

- a copy of your signed training card/certificate with EMSA verification number (if applicable); **AND**
- proof of payment (receipt or cancelled check)

Mail your complete packet to:

Community Child Care Council, ATTN: Diana Cortes, 22351 City Center Drive, Hayward, CA, 94541

REQUIRED INFORMATION TO BE COMPLETED BELOW:

Name _____ Phone _____

Address _____ City _____ Zip _____

Please **select one** and complete required information:

- Center-based Program; include facility number _____
- Family Child Care Provider; include daycare facility number _____
- Family Child Care Assistant; include daycare facility number _____
- Prospective Provider; include date application submitted _____
- License-exempt Provider; include name of family in care _____
- In-home Provider (Nanny); include name of family in care _____

TRAINING MUST BE TAKEN FROM AN AUTHORIZED TRAINER

Training Agency _____ Fee paid \$ _____

Training Date _____ Times of Training _____

Please **select one**:

- First Aid 4 hours CPR 4 hours Preventive Health Practices 8 hours

I certify that I am over the age of 18 and the training I received is EMSA approved.

Your signature _____ Date _____

THIS BOX IS FOR OFFICE USE ONLY		
Make check payable to:		Date:
Staff Signature:	Received:	Amount paid \$