

JLCP Training Registration & Membership Form

Payment must accompany this form and must be received *at least 5 days* before training.

Registration must be mailed or delivered to CAPC Administration Office during business hours. Checks must be made payable to CAPC.

Name: _____ Phone: _____

Employer: _____ Work Phone: _____

Mailing Address: _____

Workshop Title	Sign Me Up! (x)	Date(s)	Cost	Amt. Included
Health & Safety Training		TBD	\$235 + \$25 registration fee. Call 782-4900 ext 237	
MAT - Medication Administration Training		6/7 6/14	\$100 + \$10 registration fee. Call 782-4900 ext 239	
First Aid		6/1	\$35	
Infant, Child & Adult CPR		6/8	\$35	
CPR or First Aid – Lewis County		6/14	\$35	
Child Passenger Safety		6/22	Free	
Connecting Children and Nature		7/22	\$10 JLCP Members, \$13 Non-Members	
Working with Families in Poverty		7/27	Free	
Child Abuse / Shaken Baby Syndrome		8/23	\$10 JLCP Members, \$13 Non-Members	

Distance Learning Courses

Amt. Included

Must provide email address (print clearly):

Introduction to Developmentally Appropriate Practice <i>(circle your choice of start date)</i>		6/8	\$45 JLCP Members, \$50 Non-Members	
		7/6		
		7/20		
		8/17		
Saying You're Sorry (A What-Not-To-Do Scenario) <i>(circle your choice of start date)</i>		6/8	\$30 JLCP Members, \$35 Non-Members	
		7/6		
		7/20		
		8/17		
Preventing Childhood Obesity: What You Must Know and Can Do <i>(circle your choice of start date)</i>		6/8	\$35 JLCP Members, \$40 Non-Members <i>Family and Group Family providers currently enrolled in JLCP Food Program– this class counts as annual training and will be paid for by CACFP</i>	
		7/6		
		7/20		
		8/17		

JLCP Membership – One Year

Member Name: _____

Check one: FDC Provider GFDC Provider Center Staff SACC Staff Community Member

Mailing Address: _____ Number of classrooms (centers): _____

Assistant/Alternate Name and Address: _____

Type	Benefits	Cost	Amt. Included
Individual Provider or Community Member	Reduced training cost, one \$10 training pass, quarterly newsletter	\$30	
Provider + 1 Assistant or Alternate	Reduced training cost for provider and assistant/alternate, two \$10 training passes, and quarterly newsletter for both	\$40	
Daycare Center or SACC Site	Reduced training cost for all staff, four \$10 training passes, and one quarterly newsletter/ classroom	\$80	
Student (ID Required)	Reduced training cost, one \$10 training pass, quarterly newsletter	\$20	

Total Payment Included

Accepted forms of payment: Cash, Check *made payable to CAPC*, Money Order or signed EIP Award Notice.

Payment must be received with registration form *at least 5 days* prior to training in order to place participants on class list.

Mail completed form and payment to: CAPC, Jefferson-Lewis Childcare Project, 518 Davidson Street Watertown, NY 13601