Registration Form

Smart Start Rowan
Winter 2012 Trainings

Name: _____ **Child Care Program:** _____

Address: _____
Address City State County Zip Code

Phone Number: _____ ** **E-mail address**_____

TOTAL AMOUNT ENCLOSED $ _____

Date	Check trainings you plan to attend (✓)	Workshop	Registration Fee
January 14		CPR/First Aid **Pay instructor at class. (Please circle what you need.**	Both CPR FA
January 17, 24, 31		Inclusion Basics	$15
February 6, 13, 20		ECERS-R Activities and Beyond	$15
February 25		Playground Safety	$15
February 28		Managing Asthma in Child Care	$5
March 1, 8, 15		Making Creative Curriculum for Preschoolers Easy	$15
March 13		ITS-SIDS	$5
March 24		CPR/First Aid **Pay instructor at class. (Please circle what you need.**	Both CPR FA
March 26		School Age Care Environment Rating Scale (SACERS)	$5
March 27		Managing Food Allergies in Child Care	$5

Please make all checks payable to "Smart Start Rowan" Check # _____

MAIL REGISTRATION FORM AND PAYMENT TO:

Smart Start Rowan
1839 W. Jake Alexander Blvd.
Salisbury, NC 28147

Visit our website, www.rowan-smartstart.org, for additional copies of training descriptions and registration forms.