

**IMPORTANT TRAINING POLICY REMINDER  
(this does not include SUNY Video Conferences)**

- **Pre-Registration** Payment and registration form must be received at least 5 business days prior to the date of your workshop(s). Please fill out a registration form for each person. We accept payment by check, money order, or signed EIP award. We also accept cash if you register in person at our office. Registrations are not accepted without payment.
- **Late Registration and Walk-in** Payments **will not** be accepted at the door. You may be asked to wait to be certain there is space available and then you will register as a walk-in. You will be invoiced for the training and a \$3 walk-in fee will be included. Your training certificate will be mailed after receipt of payment.
- **Refunds** in the form of coupons for future trainings are granted for cancellations made at least 3 business days prior to the training date. **Please note**, we are not able to refund fees for CPR and First Aid classes even with 3 days notice as seating is limited, and demand is high. If you wish to cancel 3 days prior to a training, please call the Finance Specialist at 343-2344, extension 117. If there are extenuating circumstances to be considered, you may contact the Executive Director at extension 119.

**TRAINING REGISTRATION**

1. **Select trainings:** Review the trainings listed in this newsletter. Select the trainings you wish to attend and check the appropriate box. Complete the form at the bottom of the page.
2. **Make payment:** Before returning this registration form to the Child Care & Development Council, be sure to enclose the appropriate payment. **Checks should be made to: ICP of Oswego County, Inc.** You must return this registration form even for the workshops listed as "Free."
3. **Mail completed form:** You will only be registered for classes with our receipt of this form & payment.

**\*\*\*\*Please note that we will be adhering to the above training registration policy regarding the deadline for receipt of registration form and payment where applicable. Late registrations will not be accepted. \*\*\*\***

**Date Class Fee**


**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Center:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Total amount enclosed:** \_\_\_\_\_

**Type of Care;**

Legally Exempt Family Day Care Group Family Day Care Child Care Center SACC

**Mail form and payment to:** Integrated Community Planning of Oswego County, Inc.  
317 West First St., Suite 111, Oswego, NY 13126