Health and Safety Training

State of California, EMSA approved
CPR, First Aid and Preventative Health
(one-hour Childhood Nutrition included)

Please read instructions below before registering.

- Pre-registration and pre-payment are required. Space is limited, register early.
- Make check payable to Hively. If mailing in registration form and payment, mark envelope, Attention: Health and Safety
- Arrive on time. No late arrivals will be admitted.
- No cash refunds.
- If you cancel, or do not show, your payment is forfeited.
- If you miss a class due to an emergency, you can reschedule one time, provided you notify Hively of the emergency, either before the class or within two working days after the class.
- For health and safety reasons, infants and children are not allowed to accompany participants.
- Wear comfortable clothes, as you will be practicing CPR on the floor.
- A lunch break is included. Please bring a sack lunch.
- Hively strives to provide a fragrance-free environment. Please refrain from wearing scented products; 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. For Hively, please call 925.417.8733.

<table>
<thead>
<tr>
<th>Health and Safety Training</th>
<th>Time</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative Health (lunch)</td>
<td>9:00am - 5:30pm (½ hour)</td>
<td>$60</td>
</tr>
<tr>
<td>CPR/First Aid (lunch)</td>
<td>9:00am - 5:30pm (½ hour)</td>
<td>$90</td>
</tr>
<tr>
<td>CPR, First Aid and Preventative Health</td>
<td>$150</td>
<td></td>
</tr>
</tbody>
</table>

6601 Owens Drive, Suite 100 Pleasanton, CA 94588
www.BeHively.org

2020 Health and Safety Registration Form
Please complete below form and submit to Hively with payment.

Name: (please print)
________________________________________________________

Address: ______________________________ City: _______________ Zip: ____________

Phone Number: __________________ Email: ______________________________

☐ I am in the process of opening a Center Based or Family Home Child Care Program
☐ I work in a Child Care Center
☐ I work in a Family Child Care Home
☐ Other: __________________________________________________________

I would like to attend:

CPR and First Aid 9:00am - 5:30pm
☐ Saturday, 22 February 2020
☐ Saturday, 13 June 2020
☐ Saturday, 17 October 2020

Preventative Health 9:00am - 5:30pm
☐ Saturday, 21 March 2020
☐ Saturday, 30 May 2020
☐ Saturday, 20 June 2020
☐ Saturday, 14 November 2020

For office use only: Payment: Cash $____ Check $____ #__________
Check Issued by (name): ____________________________________________
Date: __________________ Staff initials________________

2020 Health and Safety Registration Form