



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**.

Preventative Health lunch) \$60	9:00am - 5:30pm (½ hour
CPR/First Aid lunch) \$90	9:00am - 5:30pm (½ hour
CPR, First Aid and Preventative Health \$150	

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

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 _____