# **View and Reflect Registration and Payment Form**

### **Provider Information**

PARTICIP	ant's first name	PARTICIPANT'S LAST N	AME	
HOME PH	ONE	WORK PHONE		
DATE OF	BIRTH (MM/DD/YY	YY)		
EMAIL				
ADDRESS				
CITY		STATE ZIP		
Which ar	re you? Licer Staff Othe	Exempt	g License	
Submission Methods:				
	Email:	ccrr@caowash.org		
	Fax:	971-223-6101		
	Mail or	Community Action		
	in Person:	Attn: CCR&R		

**View and Reflect** is an approach that enables caregivers to receive additional training by viewing videos, reflecting on the information, and completing a reflection worksheet that is relevant to the information shared on the video. You can find the **View and Reflect** binder at your local Washington County library. The binder holds the reflection worksheets that you need to fill out after viewing a training video. You can also download the worksheets from our website at:

1001 SW Baseline Street

Hillsboro, OR 97123

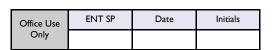
#### www.caowash.org/ccrr

These trainings are accepted by the Oregon Registry and count towards the training requirements of the Child Care Division. You will receive a certificate for one clock-hour of training upon completion. If you have additional questions, please call.

## **View and Reflect Information**

Celebrating Language and Literacy
Child's Play
Come Join In
Designing Developmentally Appropriate Days
Early Intervention
Give Yourself a Hand
Let's Talk
Now You're Talking
Once Upon a Time
Read to Me
Space to Grow: Child Care Environments
Space to Grow: Language Acquisition
Time Together

Total # of Reflections: Total Fees:



#### Make checks payable to Community Action

To pay by card, complete the following information			
Name: (as it appears on Card)			
Billing Address:			
City:	State:Zip:		
Phone:			
Card #:			
Vcode:	Expiration:		
Amount to be charged to Credit Card:			