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

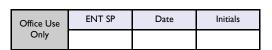
www.caowash.org/ccrr

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:			