

View and Reflect Registration and Payment Form

Provider Information

PARTICIPANT'S FIRST NAME	PARTICIPANT'S LAST NAME	
HOME PHONE	WORK PHONE	
DATE OF BIRTH (MM/DD/YYYY)		
EMAIL		
ADDRESS		
CITY	STATE	ZIP

Which are you? ☐ Licensed Provider ☐ Pursuing License
☐ Staff ☐ Exempt
☐ Other

Submission Methods:

Email: ccr@caowash.org
Fax: 971-223-6101
Mail or in Person: Community Action
Attn: CCR&R
1001 SW Baseline Street
Hillsboro, OR 97123

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: _____

Office Use Only	ENT SP	Date	Initials

Make checks payable to Community Action

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:

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.

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: _____