

FOR REGISTRATION DATES, TIMES AND SITES FOR THE FOLLOWING CLASSES PLEASE CONTACT THE AGENCIES LISTED BELOW:

FIRST AID

American Red Cross—Delaware Chapter at

740-362-2021 or visit their web site

http://delawarecounty_redcross.org

CHILD ABUSE: RECOGNITION and PREVENTION

Delaware County Children's Services

740-833-2368

Contact Person: Angela Hughes

Class Size
Minimum of five
Maximum of twenty five

Class Dates:
All dates are subject to CHANGE.

WHO SHOULD ATTEND?



Day care center or nursery school teachers and employees, and any other children's day care providers.

The Ohio Department of Human Services (ODHS) and the Ohio Department of Education (ODE) require these courses for providers in their licensed programs.

Course certification is valid for three years.

**Initial and Refresher Communicable Disease Classes for Day Care Providers
September 2011 - May 2012**

Delaware General Health District



For more information, please call **740-203-2039** or visit our web site: **www.delawarehealth.org**

Location

Delaware General Health District
1 W. Winter Street
Basement Training Room
Delaware, OH 43015

Parking—Off Franklin Street is the City Metered Parking for 3 hours. No meter charge after 5 pm.

Clothing—Layer for possible temperature changes.

Training Schedule

6-Hour Initial Classes

September 7 & 8, 2011

6:00 p.m.—9:00 p.m.

The evening class has a charge of

\$20.00 per student. **

** Payment **MUST** be received prior to class date. **

6-Hour Initial Class

September 16, 2011

9:00 a.m. - 4:00 p.m.

Training schedule continued

3-Hour Refresher Class

September 23, 2011

9:00 a.m. - Noon

6-Hour Initial Class

March 9, 2012

9:00 a.m. - 4:00 p.m.

3-Hour Refresher Class

May 18, 2012

9:00 a.m. - Noon

An out of county fee of \$10.00 will be charged if you do not live, work or attend school in the Delaware General Health District.

** Payments **MUST** be received prior to class date.**

REGISTRATION FORM

REGISTRATION & FEES MUST BE RECEIVED
ONE WEEK PRIOR TO CLASS DATE.

Clip this section and return to:
Delaware General Health District
Attn: Patti Hanneman
P.O. Box 570
Delaware, OH 43015-0570
OR call 740-203-2039 to register.
You may also fax your registration
form to: 740-203-2035.

Name: _____

Home Address: _____

Daytime Phone: _____ Home or Work
(Circle one)

Agency Name: _____

CD Class: Initial _____ Refresher _____

Date: _____

Please make checks payable to:

Delaware General Health District.

** Payment **MUST** be received prior to class date.**

Enclosed Class Fee \$ _____

Out of Health District Fee \$ _____

Total \$ _____