

**FOR REGISTRATION INFORMATION
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 & PREVENTION**

Delaware County Children's Services

740-833-2300

Contact Person: Angela Rosacrans

**Initial and Refresher
Communicable Disease Classes
for Day Care Providers
September 2008—May 2009**

**Delaware General
Health District**

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



"Dedicated to Your Health"

**Delaware General
Health District**

TRAINING LOCATION

Rutherford B. Hayes Building

140 N. Sandusky Street

Delaware, OH 43015

Room G22

Class Size—Minimum of five—Maximum of twenty five.

Class Dates—All dates are subject to CHANGE.

Parking—Behind Hayes Building on or off Union Street FREE.

Lunch—One Hour on your own.

Clothing—Layer for possible temperature changes.

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.

Communicable Disease Class Schedule

6-Hour Initial Class

9:00—4:00 p.m.

September 5, 2008

March 20, 2009

FREE to individuals that live, work or go to school in the General Health District. A \$10 fee for individuals that do not live, work or go to school in Delaware county.

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

6-Hour Initial Classes

Two Evenings

6:00—9:00 p.m.

September 23rd & 24th, 2008

\$20.00 per student—an additional \$10.00 fee if you do not live, work or go to school in the General Health District.

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

3-Hour Refresher Classes

9:00 a.m.—Noon

November 7, 2008

May 15, 2009

FREE to individuals that live, work, or go to school in the General Health District. A \$10.00 fee if you do not live, work or go to school in the General Health District.

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

REGISTRATION FORM

REGISTRATION AND FEES MUST BE

RECEIVED ONE WEEK PRIOR TO CLASS DATE.

Clip this section and return to:

Delaware General Health District

P.O. Box 570

Delaware, OH 43015-0570

Attention: Faye Beveridge

Name:

Home Address:

Daytime Phone:

Agency Name/Location:

Class Date:

Total Enclosed Class Fee \$ _____

Total Out of Health District Fee \$ _____

Total \$ _____

Please make checks payable to

Delaware General Health District.