

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 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 2009 - May 2010**

**Delaware General
Health District**



"Dedicated to Your Health"
**Delaware General
Health District**

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

Training schedule and location

**Ohio Wesleyan University
Beeghly Library
Bayley Room
Delaware, OH 43015**

Parking—In the Beeghly Library lot on Park Avenue or on-street parking in vicinity.

Lunch—One Hour on your own.

**6-Hour Initial Classes
9:00 a.m.—4:00 p.m.
September 14, 2009
March 19, 2010**

**3-Hour Refresher Class
9:00 a.m. - Noon
November 6, 2009**

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

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

Training schedule and 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.

**6-Hour Initial Classes
September 1st & 2nd, 2009
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****

**3-Hour Refresher Class
9:00 a.m. - Noon
May 14, 2010**

**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

OR call 740-203-2039 to registrar.

Name:

Home Address:

Daytime Phone: Home or Work
(Circle one)

Agency Name:

Class

Date:

Enclosed Class Fee \$ _____

Out of Health District Fee \$ _____

Total \$ _____

Please make checks payable to **Delaware General Health District.**

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