



Alexander County Partnership for Children
Training Registration Form

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Child Care Center: _____

County: _____

Facility's Phone Number: _____

Training Title: _____

Training Date: _____

Cost: \$2.50 per hour (example- 2 hour class is \$5.00, 5 hour class is \$12.50, etc.)

(There are no charges for childcare providers that are employed in Alexander County for CPR/First Aid)

- Please mail all registration forms and checks made payable to:
(All fees must be paid to the exact amount. ACPC does not keep change on site.)

Alexander County Partnership for Children
PO Box 1661
Taylorsville, NC 28681

Registration form and fee must be received by the Alexander County Partnership for Children 48 hours prior to the date of the training. Fees are non-refundable.

ACPC expects that all training participants shall arrive on time. The instructor reserves the right to refuse entrance into training ten minutes after training has begun.

ACPC views the time of the instructor and all participants as valuable. Any participants talking, texting, sleeping or any other distraction the instructor deems disruptive may be asked to leave the training. This will result in the loss of potential credit hours. The participant will not be allowed to register for future classes after the second incidence.

You will be notified if the class is full or cancelled.

Please sign and date that you have read all the above information and that all provided information is correct.

Signature: _____

Date: _____

If you have any questions please call 828-632-3799.

Please check payment method.

- ☐ Cash
☐ Check # _____
☐ Credit