COAD Child Care Provider Training Payment Form
Single Registrant

Registrant Name		OPIN			
Program Name		Type A ☐	Type B ☐	Center ☐	
Cell Phone		County of Program			
Daytime Phone		Email			
Program Address					
City		State		Zip	

Please include training fees as listed on www.occrra.org

Course Title	
Course Date	**County (Training Location)** · **Training Fee (per registrant)**

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A $10.00 fee will be assessed for checks returned due to insufficient funds.
Cash or onsite payment will not be accepted (questions, call 1-800-577-2276).

Payment info: Check #_____   Money Order #_____   Training Voucher #_____

Payor (name on check): _____

Total Amount Enclosed	$

Payment must be received prior to registration deadline. Training credit will be provided once registration and payment is received and training is complete.

Please mail with payment payable to COAD to:
COAD Child Care Provider Training, PO Box 787, Athens, OH 45701

A program of COAD – The Corporation for Ohio Appalachian Development