# COAD Child Care Provider Training Payment Form

## Single Registrant

<table>
<thead>
<tr>
<th>Registrant Name</th>
<th>OPIN</th>
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<tbody>
<tr>
<td>Program Name</td>
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<tr>
<td></td>
<td>Type A □ Type B □ Center □</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>County of Program</td>
</tr>
<tr>
<td>Daytime Phone</td>
<td>Email</td>
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<tr>
<td>Program Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
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Please include training fees as listed on www.occrra.org

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Date</th>
<th>County (Training Location)</th>
<th>Training Fee (per registrant)</th>
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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): _______________________________________________________________

<table>
<thead>
<tr>
<th>Total Amount Enclosed</th>
<th>$</th>
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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