

Health & Safety Scholarships

Health & Safety Reimbursement Application

Funded by the California Department of Education– Child Development Division

Name: _____ Telephone: _____

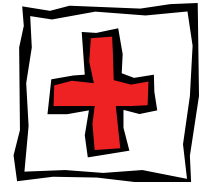
Mailing Address: _____

City: _____ Zip Code: _____



Please check one:

- Licensed Center Staff
- Licensed Family Child Care Provider
- Family, Friend, Neighbor, Babysitter, Nanny caring for children



Facility Information:

Name of Facility: _____

Facility Address: _____

(In-Home only) Name of Family/families you provide care for:

Training Information:

Name of Course: _____ # of Hours: _____

Name of Training Institution: _____

Date of Training: _____ Fee Paid: _____

If training is Pediatric CPR or Pediatric First Aid, are instructors accredited by:

___ American Red Cross ___ American Heart Ass. ___ EMSA ___ Other

Important! Please attach copies of training cards or certificates and receipts.

Mail or Deliver to:

Choices for Children
Attn: Rachael Brothers
100 Foothill Rd. Suite D-6
Markleeville, CA 96120

Or:

Fax 530-694-1889 or email scanned documents to cfc Alpine@gmail.com

**Classes must be taken between the dates of
July 1, 2011 and June 30, 2012**