



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Health & Safety Training Grant Sign-in Sheet

Agency: _____	Trainer: _____
Class name: _____	Contact phone #: _____
Class date: _____	Class time: _____

Please Print

Name: _____	<input type="checkbox"/> Licensed Center-based Staff
Address: _____	<input type="checkbox"/> In-home Provider
City: _____ Zip: _____	<input type="checkbox"/> Licensed Family Child Care
Phone #: _____ Voucher #: _____	<input type="checkbox"/> License-exempt Child Care Provider
Signature: _____ EMSA Sticker # _____ / _____	

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