



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Health & Safety Training Grant YMCA Sign-in Sheet

Agency: _____	Trainer: _____
Class Name: _____	Contact Telephone: (_____) _____
Class Date: _____	Class Time: _____

Please Print Clearly

Name: _____ Family Child Care
Address: _____ Licensed Center-based Staff
City: _____ Zip: _____ License-exempt Center-based staff
Telephone (_____) _____ **Access Code #:** _____ In-home, Trustline Provider
Signature: _____ EMSA Sticker # _____ / _____

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