



Early Care and Education... where our future begins

**MEDICATION ADMINISTRATION TRAINING (MAT)
COURSE DATES**

<u>DATE</u>	<u>TIME</u>	<u>CODE</u>
• Saturday, January 19th	9:00am – 6pm	80119
• Saturday, February 23rd	9:00am – 6pm	80223
• Saturday, March 8th	9:00am – 6pm	80308
• Saturday, April 5th	9:00am – 6pm	80405
• Saturday, May 3rd	9:00am – 6pm	80503
• Saturday, June 14th	9:00am – 6pm	80614

Please note Council Registration Policies for this course:

1. Advanced registration is required & you must complete a **MAT Course Registration Form**. After you mail in a registration form with payment you **must** call the Accounting Department at 761-3456 ext. 163 to confirm that you are registered.
2. Full Payment is due at the time of Registration.
Note: If payment is not received with your MAT registration form you will not be considered registered for the course.
3. On the day of the course please note the following:
 - Bring a photo ID
 - Bring your Child Care license/ registration number
 - Please bring food, snacks and beverages to sustain you for the day
 - You must arrive in the CONFERENCE room at the scheduled time, if you are more than 10 minutes late, you may be sent home.
4. You must be able to **READ** and **WRITE** in English. There is one 60 question written exam and a skills demonstration that you must pass in order to earn your Medication Administration Training Certificate. The written exam is open book.
5. **Saturday Classes**: You must enter through the rear entrance of the Child Care Council via the grey metal stairs. The Council is on the third floor. Parking is available for free in the rear lot of the Child Care Council for Saturday classes only.
6. Please note the course often runs past 6pm. You must stay until you complete the course so please be sure you can commit to the entire session. You will not be allowed to leave and make up the difference of the course at another time.
7. **Three day cancellation policy**: If you can not attend your scheduled class you must call the Child Care Council at least three days before the course and re-schedule or receive a refund. **Otherwise, no refunds or re-scheduling will be permitted – no exceptions.**



Early Care and Education... where our future begins

Medication Administration Training (MAT) Course Registration Form

PAYMENT MUST BE INCLUDED

Name of Program: _____

Address of Program: _____

Program Contact Person: _____ Program Phone: _____

License / Registration Number (Enter booklet number if you are in the licensing process): _____

Date of MAT Course: _____ Code #: _____

Please list the participant's name, home address, and phone number:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Total # of Participants Attending: _____

Cost: \$150 Per Participant (If paying with a voucher you are responsible for the difference).

Total Enclosed: _____

Check All That Apply: VISA MASTER CARD PERSONAL CHECK MONEY ORDER
 BUSINESS CHECK VOUCHER

Name as it appears on credit card: _____

Credit card number: _____ Expiration date: _____

Signature: _____

Make check payable to: Child Care Council of Westchester, Inc.
470 Mamaroneck Avenue
White Plains, NY 10605

**I HAVE READ AND UNDERSTAND THE MAT COURSE REGISTRATION & CANCELLATION
POLICY LISTED ON THE REVERSE SIDE.**

Signature: _____ **Date:** _____