

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

| <u>DATE</u> | <u>TIME</u> | <u>CODE</u> |
|-------------------------------|--------------|-------------|
| • Saturday, February 06, 2010 | 9:00am – 6pm | 00206 |
| • Saturday, March 6, 2010 | 9:00am – 6pm | 00306 |
| • Saturday, March 27, 2010 | 9:00am – 6pm | 00327 |
| • Saturday, May 15, 2010 | 9:00am – 6pm | 00515 |
| • Saturday, June 5, 2010 | 9:00am – 6pm | 00605 |

MAT Course Registration & Cancellation Policy

1. Advanced registration is required & you must complete a **MAT Course Registration Form**.
2. After you mail in a MAT Course Registration Form with payment **you must call** the Finance Department at 761-3456 ext. 163 to confirm that you are registered.
3. 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.
4. On the day of the course please note the following:
 - Bring a photo ID
 - Bring your Child Care license/ registration number
 - Bring one medium sized (2 7/8" x 2 7/8") Post-It Pad & Highlighter
 - 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.
5. You must be able to **READ** and **WRITE** in English. There is one 60 question written exam and a skills demonstration test that you must pass in order to earn your Medication Administration Training Certificate. The written exam is open book.
6. Please note that 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 Finance Department at least three days before the course and reschedule or receive a refund. **Otherwise, no refunds or rescheduling will be permitted – no exceptions.**

This is a double-sided form



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: _____

Cost: \$150 per Participant Total # of Participants Attending: _____ Total Enclosed: _____

Method of payment: (Check One)

Check / Money Order made payable to Child Care Council of Westchester, Inc.

Credit card: Visa / Master Card (Please circle one)

Name as it appears on credit card: _____

Credit card #: _____ Expiration date: _____

Billing address (include zip code): _____

Signature: _____

I HAVE READ AND UNDERSTAND THE MAT COURSE REGISTRATION & CANCELLATION POLICY

Signature: _____ **Date:** _____

This is a double-sided form