

# Registration sheet for classes

<b>Session Title</b>	<b>Date</b>	<b>Number Attending</b>	<b>Fee</b>	<b>Total Amount</b>
Fire Safety	Oct. 6	_____	\$3	_____
Names _____				
Childhood Lead Poisoning Prevention	Oct. 23	_____	\$3	_____
Names _____				
Sudden Infant Death Syndrome	Oct. 28	_____	\$3	_____
Names _____				
Everyday Bulletin Boards	Nov. 6	_____	\$3	_____
Names _____				
Bio-Color	Nov. 18	_____	\$3	_____
Names _____				
Temperament: Flexibility, Fearful, Feisty	Dec. 4	_____	\$3	_____
Names _____				

**Registration only valid with cash or check payable to Richmond County Partnership for Children. Forms and payments can be delivered or mailed to PO Box 1944, Rockingham, NC 28380. Registration is due two business days before training; refunds only if a session is canceled**

Amount Enclosed \_\_\_\_\_