



CHILD CARE COUNCIL
OF SUFFOLK, INC.

MEDICATION ADMINISTRATION TRAINING (MAT)

Space is Limited

Pre-registration is required

As of January 31, 2005, if you administer medication to the children in your care, you **must** have the following requirements:

1. Be **MAT certified**
2. Possess a **current First Aid Card**
3. Possess a **current & appropriate Infant/Child CPR Certification**

TRAINING ENROLLMENT FORM

Name: _____ Home Phone/Cell _____

Address: _____
Street City Zip

Work Site: _____
Name Street Address City Zip

Work Phone: _____ Email: _____

DATES OF REQUESTED TRAININGS: *(Please select your preferences from list on the following page.)*

Medication Administration Training (MAT)

First Preference: _____

Second Preference: _____

Program's License/Registration #: _____

MAT Independent Study: Date/Time _____

MAT Renewal Skills Competency Test: Date/Time _____

(Please Check One) _____ Child Care Center _____ Family Provider
_____ Group Family Provider _____ SACC

ENROLLMENT FEE SCHEDULE

FEE PER PARTICIPANT

_____ \$150.00 (CCCS MEMBER) (MAT)

_____ \$200.00 (CCCS NON-MEMBER) (MAT)

_____ \$70.00 (CCCS MEMBER) (3RD RENEWAL) (MAT SKILLS TESTING)

_____ \$100.00 (CCCS NON-MEMBER) (3RD RENEWAL) (MAT SKILLS TESTING)

_____ \$100.00 (CCCS MEMBER) (INDEPENDENT STUDY)

_____ \$110.00 (CCCS NON-MEMBER) (INDEPENDENT STUDY)

REFUND/CANCELLATION POLICY: Fees will not be refunded unless class is cancelled by Child Care Council of Suffolk due to low enrollment or inclement weather. **\$50 fee for cancellation or rescheduling.** Pre-registered participants will be called to confirm registration.

PARTIAL REFUND VOUCHER: \$100 grant voucher for MAT classroom training & \$70 grant voucher for skills renewal testing or independent study may be available at www.ecetp.pdp.albany.edu or toll free at 1(800) 295-9616.

Please complete form and return to: MAT Training Coordinator, Child Care Council of Suffolk, Inc., 60 Calvert Avenue, Commack, NY 11725 or Fax (631)462-1617 when using credit card. Make checks payable to: Child Care Council of Suffolk, Inc. Questions call (631)462-0303

MEMBERSHIP APPLICATION for Child Care Council of Suffolk

PLEASE CIRCLE YOUR MEMBERSHIP CATEGORY BELOW AND ENCLOSE THE APPROPRIATE FEE

Individual	\$40	Family Provider	\$40	Group Family Provider	\$70
Center/School/Camp	\$125	Child Care Center (2+)	\$250		

Membership Name: _____ Home Address: _____

City/Zip: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

FOR CREDIT CARD CHARGES: MasterCard/Visa

Name of Cardholder _____ Billing Address _____

City/Zip: _____

Amount of Charge _____ Expiration date _____

Credit Card Number _____