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.ececp.pdp.albany.edu or toll free at (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

<table>
<thead>
<tr>
<th>Category</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$40</td>
</tr>
<tr>
<td>Center/School/Camp</td>
<td>$125</td>
</tr>
<tr>
<td>Family Provider</td>
<td>$40</td>
</tr>
<tr>
<td>Child Care Center (2+)</td>
<td>$250</td>
</tr>
<tr>
<td>Group Family Provider</td>
<td>$70</td>
</tr>
</tbody>
</table>

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: ___________________________