





## How to Register for a Class

1. Go to <https://stage.worklifesystems.com/ProfessionalDevelopmentClassSearch> or <https://stage.worklifesystems.com/training/39>.
2. Then select any of the different filters to narrow your search, specifically by Date and County then click Find.
3. Available Classes will populate and show up depending on the View Selected on the top, which will either be in List, Calendar, or Map View for your reference.

**+ My Search for Training** List View Calendar View Map View

Click the Type of Training you prefer:

 **Classroom Training**

 **Online Training**

Select Classroom Type: Filter classes in different areas and or by county/date.

Professional Development Opportunities

I'd like to gain knowledge in:

Between these dates: 06/03/2022 to 06/03/2022

Select area to search for classes:  
 Counties with Classes **OR**  Near an Address  
What county would you like to search in?  
All

**Find**

June 2022 month week

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

[06:00 pm]  
Addressing  
Hawaii's Health  
Standards (513)  
(Seats Open: 7)

4. Select Class Date to View Class Details and Register.

View Class Details



**PATCH**  
Supporting Hawaii's Child Care Needs  
Trainer Name: TBA-To Be Announced  
Email: gsayers@patch-hi.org  
Phone: (808)833-6866

### Addressing Hawaii's Health Standards (513)

06/03/2022

**Building Name:**  
Oahu PATCH Training Room

**Address:**  
560 N. Nimitz Highway Ste. 218, Honolulu, HI 96817

**Description:**  
An overview of Hawaii State regulations pertaining to health standards for family child care homes. (HSN, SA1 - 3hrs) (HS - 3hrs) Basic FCC Series (Class 6 of 10)

**Class Type:**  
Classroom

**Age Impacted:**  
3 – 5 Years Preschool

**Organizer:**  
Gina Sayers

**Start Date:**  
06/03/2022

**Start Time:**  
06:00 pm

**Location Details:**  
Training will be held in the conference room next to the PATCH office. Parking available on site.

**Capacity:**  
7 (Seats Open: 7)

**Core Competence:**  
Health and Safety

**End Date:**  
06/03/2022

**End Time:**  
09:00 pm

**Total Class Hours:**  
3.00

**Notes:**  
Please complete a self-care wellness check 1 day prior to attending a training on-site.

**Class Fee:**  
\$5.00

**Payment Information:**  
\*Each class requires a \$5.00 refundable registration deposit fee. Registration is pending until registration deposit is received. Call your local PATCH Training Office for details and confirmation.

**Register** **Cancel**

5. Register for Class by first selecting one option in the drop down menu, I am a:

Register for this Class

### Addressing Hawaii's Health Standards (513)

06/03/2022

I am a: \*

Please select

- Please select
- Program Registering Staff
- Staff of a Child Care Program
- Family Child Care Home
- Interested Consumer

**Please Note:** For New Trainee's, ex. Potential Providers-FCC, or trainees not associated with a school or license ID, such as Parents, Foster Parents, and all Others please select **Interested Consumer**.

\*All other options will require a license ID to be entered to complete registration. Trainee's may search for their school or license ID if applicable. (See example 5a and pictures # 1-5.)

**Cancel**

5a. Other options that require a [Provider License ID](#) are pictured below.

#1 I am a: \* License ID:

Program Registering Staff

I am a: \* License ID who you work for:

Staff of a Child Care Program

I am a: \* License ID:

Family Child Care Home

After selecting your I am a option, click [Find Provider's License ID](#).

From there, you will be able to type in to [Search by business name](#).

Find Provider's License ID

#3

Find Provider's License ID

#4

Find Provider's License ID

Select	License	Business Name	Address	City	Zip Code	County
#5 <input checked="" type="checkbox"/>	123456	PATCH Hawaii	560 North Nimitz Highway	Honolulu	96817	Oahu

6. Lastly, finish completing the registration form and [Submit](#).

(A confirmation registration email will be auto-generated and sent to your email.)

Register for this Class ✕

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**Addressing Hawaii's Health Standards (513)**

06/03/2022

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I am a: *	License ID:	Email: *		
<input style="border: 1px solid orange;" type="text" value="Program Registering Staff"/>	<input type="text"/>	<input type="text"/>		
	<a href="#">Find Provider's License ID</a>			
First Name: *	Last Name: *	Telephone: *		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address: *	City: *	State:	Zip: *	County: *
<input type="text"/>	<input type="text"/>	HI	<input type="text"/>	<input type="text"/>
Child Age Group you serve:	Number of Children: *			
<input type="text" value="Please select"/>	<input type="text"/>			
Language I prefer to learn in: *				
<input type="text"/>				

7. Please contact your local PATCH Training Office for details and Confirmation.

**Please Note: Registration is pending until \$ 5.00 Registration Deposit is received.**