**Sample Letter to participants:**

Here are the additional details about your upcoming Child Passenger Safety Technician training course with certification from the [Child Passenger Safety Association of Canada](http://www.cpsac.org). For storm cancellation information or if you need to contact us on the day of the training you may call or text [insert name] at [insert number]

**About this course:**

This course will take place over [list the dates] at [location] and [address]. We will begin at [time] and end at [time].

On the final date, [date] we will meet at [list clinic location] for our car seat clinic/practical exam from [start and end time], *(don’t forget to include set up and debriefing time for participant after the 3+ hour public check event).*

**About our day:**

There will be breaks, including at least 30 minutes for lunch around midday. Please bring your lunch, and snacks as desired as time will be limited. *(Let participants know if a fridge or microwave is available on site or if they need to bring tea/coffee/water as well.)*

All course materials will be provided to you. We aim for this course to be as hands-on as possible. Because we will be climbing in and out of vehicles, it is important that you dress appropriately. You should wear comfortable clothing and appropriate footwear.

If you are bringing a non-mobile infant during this course, please be considerate of other members of the class. While we will make every effort to accommodate those with infants during the classroom portion of the course, all students with infants will need to make childcare arrangements for the clinic portion.

If you need an accommodation for any reason, let me know and we will try and make arrangements where possible.

**About your certification and fees:**

Certificates are issued through the Child Passenger Safety Association of Canada, and require participation in all 3 days including classroom hours, a written exam and the seat check clinic.

The written exam is 50 multiple choice questions which you will be given 60 mins of in-class time to complete.

The total fee for this course will be $XXwhich includes your CPSAC membership fees and certification (for 3 years), personal liability insurance, textbook and clinic supplies.

If you have not already paid your $XX deposit, please contact me to make arrangements to do so. If this is an issue for you – please don’t hesitate to let me know. *(institute a deposit/refund policy that suits you, and ensures you are not out any funds if a student cancels at the last minute).*

**We need your cars and manuals:**

In order to provide as much hands-on experience as possible before the clinic, we will be using student vehicles during training. Please try to have your vehicle manual available.

**About our clinic:**

Please let family and friends know about our clinic; without real parents, children, and car seats to install we cannot run an effective clinic, which is a requirement to complete your certification. *(if possible, attach a flyer or link with clinic info for parents/caregivers)*

Parents and caregivers can be directed to schedule an appointment by contacting us through [email or link], or by calling [insert number].

If you have any questions or concerns, please don't hesitate to contact me. I look forward to seeing you all!

Thank you,

[Name]

Instructor