



Advanced Skills Training or CPR/First Aid Registration

Thank you for your interest in our Program!

Complete one form per person in your household planning to attend. Please PRINT CLEARLY and complete all sections of this form so that we may best serve you. All information will remain confidential.

Name: _____ Today's Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Preferred Telephone: () _____ Email: _____

Occupation: _____

Parent/Caregiver – Please check all that apply:

Foster Adoptive Biological Respite Other _____

Name the agency you are associated with (foster, respite, adoptive)? _____

How did you learn about this training opportunity? _____

Total number of children in your home? _____ Number of biological children in your home? _____

Number of medically fragile children in your home? _____

Please list the **AGE** and **PRIMARY DIAGNOSIS** of the medically fragile child(ren) in your home:

AGE	RACE	PRIMARY MEDICAL DIAGNOSIS

PLEASE NOTE: CHILD CARE IS NOT AVAILABLE DURING CLASS AT THIS TIME.



Yes! Sign me up.

Each **Family for Keeps™ Advanced Skills Training*** course is \$150 per person and the CPR/First Aid is \$45 per person. **Enclosed is my non-refundable registration fee(s)*** made payable to: Dream House. **Please note: Registration fee must be received by Dream House five (5) days prior to the class.** *You may apply for a scholarship to cover the \$135 balance of an Advanced Skills Training course fee. Please complete a scholarship form and submit with your registration paperwork.

Choose the class(es) for which you are registering.

SELECT	CLASS DESCRIPTION	NON-REFUNDABLE REGISTRATION FEE	BALANCE DUE DAY OF CLASS	COURSE DATE
	*Advanced Skills Training: Caring for a Child with Diabetes	\$15.00	\$135.00	
	*Advanced Skills Training: Caring for a Child with Respiratory Conditions	\$15.00	\$135.00	
	*Advanced Skills Training: Caring for a Child with a Tracheostomy	\$15.00	\$135.00	
	*Advanced Skills Training: Caring for a Child with G.I. Conditions	\$15.00	\$135.00	
	*Advanced Skills Training: Caring for a Child with an Ostomy	\$15.00	\$135.00	
	CPR and Pediatric First Aid	\$45.00	-0-	
Total Payment Enclosed				

Make check payable to: Dream House

By signing below, I confirm that I wish to attend the **Family for Keeps™ Advanced Skills Training or CPR/First Aid**. I understand that **until I receive confirmation from the Dream House staff** that I am not guaranteed a specific course date.

I understand that classes begin promptly and by arriving more than 20 minutes past class time may result in a missed class.

I understand that the information provided by the Dream House for Medically Fragile Children, Inc. **Family for Keeps™ Program – Education and Skills Training** is basic. The physician who oversees the care of the child(ren) is the authority. The physician’s advice and directions will be followed when providing care for any child.

Participant Signature

Date

Witness for Participant Signature

Date

Please note: You will be asked to silence your cell phone before entering the classroom. Should you need to answer a call, we ask that you step out of the room.

Please mail this two (2) page registration form, along with payment to:

Dream House for Medically Fragile Children, Inc.
Attn: **Family for Keeps™** Coordinator
P.O. Box 1562
Snellville, GA 30078-1562

Phone: 770-717-7410
Fax: 770-923-0659
eMail: info@dreamhouseforkids.org
Web: www.dreamhouseforkids.org

OFFICE USE ONLY:

DATE RECEIVED: _____ BY (initials): _____ MAIL _____ FAX _____ HAND-DELIVERED _____ OTHER _____

1ST PHONE ATTEMPT: _____ 2ND ATTEMPT: _____ 3RD ATTEMPT: _____

VERIFIED/ENROLLED: ____ YES ____ NO DATES: _____

COMMENTS: _____