



# Family for Keeps®

## 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 Certification Training is \$65 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.**

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 Certification	\$65.00	-0-	
	CPR and Pediatric First Aid Re-Certification	\$45.00	-0-	
<b>Total Payment Enclosed</b>				

**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: Education Manager  
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 \_\_\_\_\_

1<sup>ST</sup> PHONE ATTEMPT: \_\_\_\_\_ 2<sup>ND</sup> ATTEMPT: \_\_\_\_\_ 3<sup>RD</sup> ATTEMPT: \_\_\_\_\_

VERIFIED/ENROLLED: \_\_\_\_ YES \_\_\_\_ NO DATES: \_\_\_\_\_

COMMENTS: \_\_\_\_\_