



Please print legibly

Name \_\_\_\_\_ Title \_\_\_\_\_

Employer \_\_\_\_\_

Is your program/position funded by:  Early Head Start  Preschool Head Start  
 Pre-Kindergarten  Other \_\_\_\_\_

If you're a Sheltering Arms employee, at which center are you currently employed? \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone (optional) \_\_\_\_\_ Home Phone (optional) \_\_\_\_\_

Preferred Email \_\_\_\_\_ Fax \_\_\_\_\_

I would like to register for the following GTI training classes and/or series

1. Class/Series Name **First Aid CPR**  
Class Date/Series Start Date \_\_\_\_\_ Tuition \_\_\_\_\_

New Certification  Re-Certification

Supervisor Commitment Statement & Signature

I am committed to support this student in attending classes and completing course work. Supervisor's

Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment – Course tuition must be paid in full BEFORE your class begins

Total Tuition Amount: \_\_\_\_\_

- Scholarship: Smart Start \$ 15 / \$75  Scholarship: STG / TTA \$15 / \$75
- Sponsored by (GOCF)  Check (payable to Sheltering Arms)
- Visa  MasterCard Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_
- I will need CEU's (\$20 per class/series for non-Sheltering Arms employees)

To Register: **by Fax:** 404-523-9460, Attention: Nika Shields

**by Mail:** Sheltering Arms, Attn. Nika, 385 Centennial Olympic Park Dr NW, Atlanta 30313