



Child Care Health Consultant Registration Form

Scholarships are awarded on a first come / first served basis and if selected, students will still need to pay a registration fee: \$15 for one to two-day events / \$75 for events that are two or more days.

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. Child Care Health Consultant October 17, 2011 – July 10, 2012

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: **\$1200** **Scholarship: Smart Start \$ 15 / \$75**
- Scholarship: STG / TTA \$15 / \$75 Sponsored by (GOCF)
- Cash: I will bring payment on the first day of class. 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, Att. Nika, 385 Centennial Olympic Park Dr NW,
Atlanta 30313