



GEORGIA TRAINING INSTITUTE
385 Centennial Olympic Park Drive • Atlanta, GA 30313 • 404-523-9906 • FAX 404-523-9952

GROUP Registration - Scholarship 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 / \$30 for events that are two or more days.

Please print legibly

Name of Employer _____ Number of Employees _____

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? _____

Employer Street Address _____

City _____ State _____ Zip _____

Registrar's Phone _____ Cell Phone (optional) _____ Home Phone (optional) _____

Registrar's Email _____ Registrar's Fax _____

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

1. Class/Series Name _____
Class Date/Series Start Date _____ Group # _____ Tuition _____
2. Class/Series Name _____
Class Date/Series Start Date _____ Group # _____ Tuition _____
3. Class/Series Name _____
Class Date/Series Start Date _____ Group # _____ Tuition _____
4. Class/Series Name _____
Class Date/Series Start Date _____ Group # _____ Tuition _____

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PLEASE BE SURE TO INCLUDE REGISTRATION-SCHOLARSHIP FORM WITH THIS PAGE

Please print legibly

Registrar Employer _____

1. Name _____ Title _____

Preferred Email _____

2. Name _____ Title _____

Preferred Email _____

3. Name _____ Title _____

Preferred Email _____

4. Name _____ Title _____

Preferred Email _____

5. Name _____ Title _____

Preferred Email _____

Supervisor Commitment Statement & Signature

I am committed to support this student (s) 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 / \$30 Scholarship: STG / TTA \$15 / \$30 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

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