



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: \$15-25 for one to two-day events / \$75-100 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 _____

How many children do you serve _____ How many families do you service _____

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 Dates: _____

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 \$ 25 / \$100
 Scholarship: STG / TTA \$25 / \$100 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