



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: \$15-25 for one to two-day events / \$75 - 150 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 families do you service _____ How many children 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. Class/Series Name _____
Class Date/Series Start Date _____ Tuition _____
2. Class/Series Name _____
Class Date/Series Start Date _____ Tuition _____

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 AMEX MasterCard Number: _____ Expiration Date _____
CCV (3-Digit security) _____ Billing ZIP Code: _____
 I will need CEU's (\$20 per class/series for non-Sheltering Arms employees)

To Register: **by Fax:** 404-523-9460, Attention: Shonnie G. Roberson
by Mail: Sheltering Arms, Att. Shonnie, 385 Centennial Olympic Park Dr NW,
Atlanta 30313

The power of education begins here.™