

# GEORGIA TRAINING INSTITUTE

## 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 / \$30 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. 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 / \$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