



Strengths-based Family Workers (SFW) Registration Form

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 _____

Supervisor Commitment Statement & Signature

I am committed to support this student in attending the SFW and completing course work.

Supervisor's Signature _____ Date _____

Payment – Course tuition must be paid in full BEFORE your class begins

Total Tuition Amount: _____

Scholarship _____ Sponsored by (GOCF)

Check (payable to Sheltering Arms)

Visa AMEX MasterCard Name on the Card: _____

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

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