

CBRF Registration Form

Last Name F	irst Name	M.I	
Street Address			
City	State	ZIP Code	
Email Address	Phone ()	
Emergency Contact			
Phone ()		Relationship	
EMPLOYER INFORMATION (Following information ne			
Employer Street Address:			
City	State	_ ZIP Code	
Name of Supervisor:	Title:		
Supervisor Phone:	Supervisor Ema	ail:	
CLASSES REGISTRATION AND DATE PREFERENC	E:		
(Please refer to monthly schedule for available class dat			
(Please refer to monthly schedule for available class dat Standard Precautions: \$60			
•	es.)		
Standard Precautions: \$60 Medication Administration: \$125 (Two day class; must attend both days)	es.) Class Date:		
Standard Precautions: \$60 Medication Administration: \$125 (Two day class; must attend both days) Fire Safety: \$90	Class Date: Class Dates:		
Standard Precautions: \$60 Medication Administration: \$125 (Two day class; must attend both days) Fire Safety: \$90 First Aid/Choking: \$120	Class Date: Class Dates: Class Date: Class Date:		
Standard Precautions: \$60 Medication Administration: \$125 (Two day class; must attend both days) Fire Safety: \$90 First Aid/Choking: \$120 Dietary: \$40	Class Date: Class Dates: Class Date: Class Date: Class Date:		
Standard Precautions: \$60 Medication Administration: \$125 (Two day class; must attend both days) Fire Safety: \$90 First Aid/Choking: \$120 Dietary: \$40 Resident Rights: \$75	Class Date: Class Dates: Class Date: Class Date: Class Date: Class Date:		
Standard Precautions: \$60 Medication Administration: \$125 (Two day class; must attend both days) Fire Safety: \$90 First Aid/Choking: \$120 Dietary: \$40	Class Date: Class Dates: Class Date: Class Date: Class Date:		

PLEASE READ: Students will be enrolled in classes on a first-come basis. If a class is full, students will be enrolled in their second choice. All students will receive a letter either via mail or email confirming registration in the class(es). Students will not be registered for classes until payment is received (see payment on the next page). Cancelation or rescheduling of any classes must be done within 48 hours of the registered class. Refunds will not be given if less than 48 hour notice is given. Any refunds may take 2-4 weeks. Abundant Living Care reserves the right to cancel/reschedule any classes due to low registration. Students will be given at least 24 hour notice and will be given the opportunity to reschedule. Same day registration is not

Same day registration late fee (please call ahead for class availability): \$25

guaranteed.



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Mail	Email		
 Cashier Check or Mone Credit card or Debit ca Employer Invoice (mus 	e indicate method of payment for order (Payment made to Abundar order (complete information below) to be pre-approved by ALC; contact	<u>nt Living Care</u> an Training Dept at (,
you wish to be registered for as		n. Students will	mount should cover total payment for all classes not be registered for class(es) without payment
I,(Print Name) registration in ALC CBRF training registration in the classes and the	program. I understand that a regist	re fully read this r	egistration form and agree to the terms regarding be sent with additional information regarding my
Signature:			Date:
Supervisor Signature:(Only needed if Employer is paying for	or classes)		Date:
•	orm (Attention: Training Departme N Port Washington Rd Mequon, WI <u>@gmail.com</u>	,	
Questions regarding registration of	or class schedule contact Kiondra B	ohanon at (262) 8	334-6212 or Abundantliving18@gmail.com
Credit Card Information: Name on Card: Visa	Master Card		Discover
Card Number:			Expiration date:
Card Security Code (3 digits on the back): By signing, you are authorizing ALC	Billing Zip Code: to charge the above listed card for the t		as indicated on this registration form
Signature:		Date: _	