



CBRF Registration Form

PLEASE PRINT CLEARLY:

Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ ZIP Code _____

Email Address _____ Phone (____) _____

Emergency Contact _____ Relationship _____

Phone (____) _____

EMPLOYER INFORMATION (Following information needed ONLY if employer is paying for classes):

Employer Name: _____

Employer Street Address: _____

City _____ State _____ ZIP Code _____

Name of Supervisor: _____ Title: _____

Supervisor Phone: _____ Supervisor Email: _____

CLASSES REGISTRATION AND DATE PREFERENCE:
(Please refer to monthly schedule for available class dates.)

Standard Precautions: \$65	Class Date: _____
Medication Administration: \$135 (Two day class; must attend both days)	Class Dates: _____
Fire Safety: \$90	Class Date: _____
First Aid/Choking: \$75	Class Date: _____
Dietary: \$45	Class Date: _____
Resident Rights: \$75	Class Date: _____
Challenging Behaviors: \$75	Class Date: _____
Client Specific: \$75	Class Date: _____
Assessment and Individual Service Plan: \$75	Class Date: _____

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

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). Cancellation 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 guaranteed.

How would you like to receive your registration letter (Circle one):

Mail

Email

PAYMENT (required) - Please indicate method of payment for the CBRF classes (Please note cash is NOT accepted):

- Cashier Check or Money order** (Payment made to Abundant Living Care and sent with form)
- Credit card or Debit card** (complete information below)
- Employer Invoice** (must be pre-approved by ALC; contact Training Dept at (262) 834-6212)
- Other:** _____

Total amount being sent in with this application: \$ _____ (This amount should cover total payment for all classes you wish to be registered for as indicated on the front of the form. Students will not be registered for class(es) without payment nor can a spot in any class be held pending receipt of payment.)

I, _____, certify that I have fully read this registration form and agree to the terms regarding registration in ALC CBRF training program. I understand that a registration letter will be sent with additional information regarding my registration in the classes and the dates.

(Print Name)

Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

(Only needed if Employer is paying for classes)

Please complete and return this form (Attention: Training Department) via the following: Mail: ALCAFH 11431 N Port Washington Rd Mequon, WI 53092

- Email: Abundantliving18@gmail.com
- Fax: (262) 302 4306

Questions regarding registration or class schedule contact Kiondra Bohanon at (262) 834-6212 or Abundantliving18@gmail.com

Credit Card Information:

Name on Card: _____

Visa

Master Card

Discover

Card Number:

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Expiration date:

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Card Security Code (3 digits on the back):

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Billing Zip Code:

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By signing, you are authorizing ALC to charge the above listed card for the total amount of _____ as indicated on this registration form.

(Write Amount)

Signature: _____

Date: _____