



## First Aid/CPR/AED Training Application

First Aid/CPR/AED Class Dates Requested: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Child Care Facility Currently Employed at: \_\_\_\_\_

### Terms & Conditions Agreement (please initial each box after reading)

- I understand I will not be enrolled into the First Aid/CPR classes until both my application and payment of \$50.00 is submitted to the Early Learning Coalition of the Big Bend Region.
- I understand the class is capped at 10 participants. Class enrollment is contingent on a first come, first served basis.
- I understand if I arrive late to class I will not be permitted to attend and I will not receive a refund.
- I understand if I miss class I will not be permitted a refund and I will have to pay \$50.00 to enroll in another class.
- I understand I must attend the entire class to receive certification.

A check, exact cash or money order is accepted. Check or money order may be made payable to The Early Learning Coalition of the Big Bend Region. Please submit this application with payment to:

Becky Taylor • 850-552-7343 • btaylor@elcbigbend.org

\_\_\_\_\_  
Participants Signature:

\_\_\_\_\_  
Date:

#### Office Use Only

Date application received: \_\_\_\_\_  
Payment Received:  Money Order  Exact Cash  Check # \_\_\_\_\_  
Date Participant Notified: \_\_\_\_\_  Email  Phone