

**NO REGISTRATIONS WILL BE ACCEPTED**  
**WITHOUT PAYMENT BEING ATTACHED.**  
**PLEASE USE THE FORM BELOW TO**  
**REGISTER FOR THE CLASS**

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**REGISTRATION FOR TRAINING CLASSES**

Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Day \_\_\_\_\_ Evening

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

Course(s) Desired:

		Cost
<input type="checkbox"/> Child Abuse Awareness	Date(s) of Class _____	F - \$40, R-\$20
<input type="checkbox"/> Common Childhood Illnesses – Full	Date(s) of Class _____	\$40
<input type="checkbox"/> Common Childhood Illness –Rev	Date(s) of Class _____	\$20
<input type="checkbox"/> Child Care First Aid*	Date(s) of Class _____	F - \$40, R-\$20
<input type="checkbox"/> CPR-PR with First Aid	Date(s) of Class _____	\$65
<input type="checkbox"/> CPR-PR without First Aid	Date(s) of Class _____	\$60
<input type="checkbox"/> Infant/Child CPR	Date(s) of Class _____	\$30
<input type="checkbox"/> Adult CPR/AED	Date(s) of Class _____	\$30
<input type="checkbox"/> Babysitting Class	Date(s) of Class _____	\$40
<input type="checkbox"/> Pet First Aid	Date(s) of Class _____	\$25

Cost of class is per person.

\*ChildCare First Aid (Full Course) includes Infant & Child CPR

F = Full Course, R = Review Course

Other names(s) of persons being registered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Enclosed (Check or Money Order) with this registration: \_\_\_\_\_

Please send Registration Form and make Payments out to:  
American Red Cross/Allen County Chapter  
Attn: Health & Safety  
610 S Collett St.  
Lima, OH 45805