

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

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"/> Pediatric First Aid*	Date(s) of Class _____	F - \$40, R-\$20
<input type="checkbox"/> CPR/AED-PR with First Aid	Date(s) of Class _____	\$65
<input type="checkbox"/> CPR/AED-PR without First Aid	Date(s) of Class _____	\$60
<input type="checkbox"/> Infant/Child CPR	Date(s) of Class _____	\$30
<input type="checkbox"/> Infant/Child & Adult CPR	Date(s) of Class _____	\$50
<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.

*Pediatric 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