**PLEASE PRINT CLEARLY:**

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth(MM/DD/YYYY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: Class schedules are available at:**

[www.cfihope.org/programs-services/behavioral-health/](http://www.cfihope.org/programs-services/behavioral-health/)

**(Please indicate 1st and 2nd class date preferences; refer to monthly schedule for available class dates.)**

* Standard Precautions: $60 Class date: 1st: \_\_\_\_\_\_\_\_\_\_ 2nd: \_\_\_\_\_\_\_\_\_\_\_
* Medication Administration: $160 Class date: 1st: \_\_\_\_\_\_\_\_\_\_ 2nd: \_\_\_\_\_\_\_\_\_\_\_

(Two day class; must attend both days)

* Fire Safety: $75 Class date: 1st: \_\_\_\_\_\_\_\_\_\_ 2nd: \_\_\_\_\_\_\_\_\_\_\_
* First Aid/Choking: $120 Class date: 1st: \_\_\_\_\_\_\_\_\_\_ 2nd: \_\_\_\_\_\_\_\_\_\_\_
* Same day registration late fee (please call ahead for class availability): $15

*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 info 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 4-6 weeks. MCFI reserves the right to cancel/reschedule any classes. Students 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:**

* **Check or Money order** *(Payment made to Milwaukee Center For Independence and sent with form)*
* **Credit card or Debit card** *(call 414-459-3026 or 414-937-2246 to make payment over the phone)*
* **Cash** *(exact amount)*
* **Other** *(voucher)*

**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

(Print Name)

registration in MCFI’s CBRF training program. I understand that a registration letter will be sent with additional information regarding my registration in the classes and the dates.

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

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Only needed if Employer is paying for classes)

Please complete and return this form (Attention: CBRF Training) via the following:

* Mail: Milwaukee Center for Independence - , 2020 W. Wells St. Milwaukee, WI 53233
* Email: [CBRFTraining@mcfihope.org](mailto:CBRFTraining@mcfihope.org)
* In person – Lock drop box available on the rear side of the building, to the right of the main entrance doors by the playground

Questions regarding registration or class schedule contact the CBRF Training Office at (414) 459-3026.