CONFIRMATION SENT _____
(Human Resource Use Only)

FIRST AID AND CPR TRAINING SCHEDULE
2009-2010

ALL SESSIONS WILL BE AT THE ESC BOARD ROOMS 4 & 5.

This class is offered at no charge to school district employees, and **six clock hours** will be available. After successful completion of the class, you will receive the American Heart Association HEARTSAVER FIRST AID card that includes AED (Automated External Defibrillator), Adult CPR, and Child CPR. The card is valid for two years. **Please note you must attend both sessions to receive the card and the clock hours.**

☐	**September 29 & 30, 2009**	**Tuesday & Wednesday, 4:00 – 7:00 p.m.**	**Registration opens Sept. 1**
☐	**October 27 & 28, 2009**	**Tuesday & Wednesday, 4:00 – 7:00 p.m.**	**Registration opens Oct. 1**
☐	**November 23 & 24, 2009**	**Monday & Tuesday, 2:30 – 5:30 p.m.**	**Registration opens Nov. 2**
☐	**January 12 & 13, 2010**	**Tuesday & Wednesday, 4:00 – 7:00 p.m.**	**Registration opens Jan. 4**
☐	**March 23 & 24, 2010**	**Tuesday & Wednesday, 4:00 – 7:00 p.m.**	**Registration opens March 1**
☐	**May 18 & 19, 2010**	**Tuesday & Wednesday, 4:00 – 7:00 p.m.**	**Registration opens May 3**

NEW
REGISTRATION PROCEDURE

Registration forms will be accepted for one class at a time. You may submit a registration form beginning the 1st school day of the month for which the class is scheduled (e.g., Session Sept. 29 & 30, registration opens Sept. 1st). *All advance registrations will be returned.*

Please check the box of the session above and complete below. Send this entire registration form to Debbie Bennett, Human Resources Dept. You will receive a confirmation of your registration.

I understand that I must cancel at least FORTY-EIGHT HOURS prior to my session date. If I do not give notice of cancellation and do not attend my scheduled training session, I authorize the Payroll Department to charge my earnings $35.00 in the pay period following the training session.

_____ _____ _____
Print Name **Job Title** **Work Location/Home School**

_____ _____
Signature **Date**

Date received in Human Resources Department _____

☐ **You are scheduled for the session you've indicated.**

☐ **We're sorry to inform you that the class you've requested is FULL. You will be placed on a waiting list and notified if an opening occurs. If you wish to attend a future session, a new registration form is required.**