Training form for **Day Care Facilities**

(Please fill out one form per person, per class)

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| --- |
| Day Care Facility Name |
| Director |
| Day Care Facility Address |
| City State Zip |
| Email Adress |
| Phone Cell Phone |
| Day Care Location with 3 or more Red Cross Training Site  Trainees (please add a 25.00 traveling fee) Wise Choices in Learning LTD. 352 Griswold Road Elyria, Ohio 44035*Must be within a 25-mile radius of 352 Griswold Road, Elyria, Ohio 44035 to have classes at your location.* |
| **Trainee Information:** |
| Name |
| Address |
| City State Zip |
| Email |
| Cell Phone |
| Home Phone |
| Class: |
| Date: |
| Time: |
| Payment method: Credit Card Debit Card Pay Pal |
|  |
| All certificates will come via email from the American Red Cross. |
| Would you like a 2-year reminder to be recertified every 2 years? Yes No  |