Training form for **Individuals**

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

|  |
| --- |
| Name |
| Address |
| City State Zip |
| Email |
| Cell Phone |
| Home Phone |
|  |
| Class |
| Date |
| Time |
| Location: Wise Choices in Learning |
| Address: 352 Griswold Road |
| City: Elyria State: Ohio Zip: 44035 |
|  |
| 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 |
|  |
| *See you in class. Thank You.* |

Training form for **Day Care Facilities**

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

|  |
| --- |
| 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 |

Training form for **Nursing Care Facilities**

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

|  |
| --- |
| Nursing Care Facility Name |
| Director |
| Nursing Care Facility Address |
| City State Zip |
| Email Adress |
| Phone Cell Phone |
| Nursing Care Location with 3 or Red Cross Training 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 |