



Sunnyhill, Inc.
 11140 So. Towne Square
 Suite 101
 St. Louis, MO 63123
 (314) 845-3900 Phone
 (314) 845-3901 Fax

TRAINING REGISTRATION FORM

Name of Agency: _____

Employee Name: _____

Agency Address: _____

Agency Telephone Number: _____

Authorizing Signature: _____

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**Please check all that apply** (*Fees effective January 15, 2008*):

- American Heart Association CPR/FA.....\$50.00
- Level 1 Medication Aide Training.....\$80.00
- Level 1 Medication Aide Recertification.....\$45.00  
*You must bring a copy of the original Med Aide Certificate*
- Positive Behavior Support Training.....\$60.00

**Date and Time of Course:** \_\_\_\_\_

- ~~~~~
- \* All classes must be scheduled by phone prior to faxing this page.
  - \* Class sizes are limited, please call to guarantee space is available.
  - \* Payment at the time of services is appreciated. We do not accept CASH payments. Payment is required 15 days upon completion of the class.
  - \* Make check or money order payable to: **Sunnyhill, Inc.**
  - \* Schedule **OR** cancellations can be made until 24 hours prior to beginning of class by calling Calle at (314) 845-3900 ext. 340.
  - \*Credit for future class will be given when there is a 24 hour cancellation notice given prior to beginning of class time. **NO EXCEPTIONS!**
  - \* Please make sure you are on time for class, late arrivals may be turned away with **NO REFUND!**

**Return this form and payment to or for further information and/or questions:**

**Sunnyhill, Inc.**  
**Attn: Calle Melkersman**  
**11140 So Towne Sq, Ste. 101**  
**St. Louis, MO 63123**  
**Phone: (314) 845-3900 ext. 340**  
**Fax: (314) 845-3901**