

EDUCATIONAL SURROGATE PARENT TRAINING REGISTRATION FORM

Volunteer () Employee of Residential Facility ()
Initial Training () Update Training ()

Name _____

*Home Address _____

Zip _____

*Home Phone: () _____ *cell () _____

**REQUIRED-to be used only in the event that a training is cancelled.*

Email Address: _____

How did you hear of this program? _____

Residential Employer name, if applicable: _____

Indicate training date & location:

(Date)

(Location)

Please check below

() Please **DO NOT** send, Parents' Guide booklet--I have a copy.

() Please send Parents' Guide booklet.

() Please send map, if available.

Please return this form to:

S.A.S.E.D. (ESPT), 1590 S. Fairfield Ave., Lombard, IL 60148

Via Fax: 630/620-9473 or 630/629-0544

Or Email: newert@sased.org

Phone: 630/889-7393

*(Please bring "Parents' Guide" booklet
to the training).*

For Office Use

Sent: () w/Guide () W/O Guide () Map

Form 12 - Training Policies

& 27 Conf. ltr sent on _____

Reminder call made on _____