

IFAPA CPR & First Aid Registration Form

All foster parents shall be certified in CPR and First Aid every three years through a nationally recognized training organization or by an equivalent certified trainer. Foster parents shall maintain a certificate indicating the date of training and expiration. All foster parents shall complete training in the first ten months of licensure. Due to the equipment needed and ratios of trainer to trainee required by the Red Cross and American Heart Association, IFAPA's CPR & First Aid classes have limited spots available in each training. Our CPR and First Aid class cost **\$25 per person** and are only open to licensed foster parents. There is a **\$10 late fee per person** if payment is not received on time (see IFAPA website for dues date). Once we have received your registration and payment, IFAPA will send you a postcard in the mail confirming that you have been enrolled in the class you registered for along with location specifics. There are **NO REFUNDS**, due to participant cancellations. If the class you attempt to register for is full, IFAPA will return your payment. We cannot enroll you in a class until payment has been received.

CLASS DESCRIPTION

(4 hrs credit) - IFAPA's CPR and First Aid class is designed to give you the confidence to respond in an emergency situation with skills that can save a life. IFAPA's CPR & First Aid training classes are presented by CPR and First Aid certified trainers and have been approved by DHS as an approved training for foster parents.

REGISTRATION DETAILS

To register, please complete & return this form with your payment to: IFAPA (6864 NE 14th St., #5 - Ankeny, IA 50023). If you wish to pay by credit card please contact Stephanie Miles at 1-800-277-8145 ext. 1 or by email at smiles@ifapa.org to obtain the link to make your payment online. Registrations will be taken on a first come first serve basis. Upon IFAPA receiving your registration and payment, you will be mailed a postcard that will let you know which class you have been registered for along with location details.

THERE ARE NO REFUNDS. Refunds will only be issued if the training you registered for is already full.

Cut **off**

Before completing this form, it is helpful to review the training schedule on our website to make sure there are still openings in the class you wish to take. If the class is full, IFAPA will return your check. Registrations will be taken on a first come first serve basis.

1st Participant _____ 2nd Participant _____

Mailing Address _____

City _____ Zip _____ Email _____

Home Phone _____ Cell Phone _____

CPR & FIRST AID CHOICES

(please see class dates, time and cities on the IFAPA website)

Please list a **FIRST** and **SECOND CHOICE**, as classes will fill up.

----- 1st Participant -----	
----- 1st Choice -----	----- 2nd Choice -----
Date: _____	Date: _____
Time: _____	Time: _____
City: _____	City: _____

----- 2nd Participant -----	
----- 1st Choice -----	----- 2nd Choice -----
Date: _____	Date: _____
Time: _____	Time: _____
City: _____	City: _____

# of participants	Cost per person	Late Fee <small>(if applicable)</small>	Total cost
x	\$25	+	\$10 each =

TOTAL AMOUNT ENCLOSED: \$ _____

(Check and money order accepted)

Mail form & payment to:
Iowa Foster & Adoptive Parents Association
 6864 NE 14th St., Suite 5
 Ankeny, IA 50023