

EDUCATIONAL SURROGATE PARENT TRAINING REGISTRATION FORM

Please Check one
() Initial Training () Updated Training for existing Surrogates

Trainings are from 9-4 and lunch will be provided

Please return this form to S.A.S.E.D. (ESPT), 2900 Ogden Ave Lisle IL. 60532 or
Email to : jeven@sased.org
Phone (630) 955-8055

Please print clearly

Name _____

*Home Address _____

Zip _____

*Email address: _____ *phone/cell () _____

How did you hear of this program?

ISBE regulations do not permit a surrogate to work with a child residing in a facility that the surrogate is currently employed at.

Please indicate which 2017 training session you are interested in : _____

(Date)

(Location)

Please check box(s) (please bring "A Parents' Guide" booklet to the training).

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

() Please **send** Parents' Guide booklet.

() Please send map, if available.

For Office Use ()w/Guide ()W/O Guide
()Map

#27 Conf. ltr sent on _____

Reminder call made on _____