

**O'Fallon Fire Protection District
Public ADULT & CHILD-INFANT CPR/AED Class**

One Registration Form must be completed PER PERSON, listing your home address.



**NOTE :
You are not registered until you receive an email confirmation**

THIS CLASS DOES NOT INCLUDE FIRST AID!

Please print- complete all sections.

Name (First and Last) _____

Street Address (Home) _____

City, State, Zip Code _____

Phone Number _____

Email Address _____

Date of Class Requested **2018** Start Time: 6:00 p.m.

District Resident Yes _____ No _____ If NO, \$25 FEE DUE **with** registration.

I am 18 years of age or older YES _____ NO _____

Ages 12 to 17 yrs must turn in a Waiver Form with their Registration; AND must be accompanied by parent or guardian during Class.

Special Accommodations Needed? Please explain: YES _____ NO _____
For Yes: _____

Classes are held the third Wednesday of each month beginning at 6:00 pm
Class will last approx 3 hours. Class size is limited to 10 students. Once the class is full additional students may be scheduled for the next class. Non-residents will be placed on a waiting list and notified if there are available spots 1 week prior to the class.

This Class DOES NOT include First Aid

**Completed forms must be returned Attn: J. Gaylord, at: jgaylord@ofallonfire.org,
OR Mailed to: OFPD, 111 Laura K Dr, 2nd Floor, O'Fallon 63366, Attn: K. Lucido;
OR by: FAX #: 636-272-7857 OFPD Contact Phone Number: 636-272-3493**

**OFPD ONLY: Applicant confirmed for attendance date: _____
OFPD Initial: _____**

