



New Haven Youth & Family Services

RESTORING HOPE

40-Hour Initial Group Home Administrator Training Registration Form

If paying by check, please send this completed form, along with payment to:
New Haven Youth & Family Services, P.O. Box 1199, Vista, CA 92085
Please visit www.newhavenyfs.org/training if you wish to register and pay by credit card.

PAYEE/REGISTRATION INFORMATION

Please Print

FULL NAME: _____

COMPANY: _____

ADDRESS: _____

EMAIL: _____ TITLE: _____

TELEPHONE NO: (Home or Cell) _____ (Work) _____

CLASS DATES: _____

TOTAL NUMBER OF PARTICIPANTS: _____ x \$299.⁰⁰ = TOTAL _____

REGISTRANT INFORMATION: If more than one person is attending, please complete the information below:

FULL NAME: _____ COMPANY: _____

TITLE: _____ WORK PHONE: _____ EMAIL _____

FULL NAME: _____ COMPANY: _____

TITLE: _____ WORK PHONE: _____ EMAIL _____

FULL NAME: _____ COMPANY: _____

TITLE: _____ WORK PHONE: _____ EMAIL _____

Please contact the New Haven Staff Development Specialist at 760.630.4035 X430 with questions.

WORK SHOP TIMES & LOCATION:

8:00 AM – 5:00 PM Please enter date of first class _____

Participants must attend all sessions.

All workshops are held at:

New Haven Youth and Family Services

1126 N. Melrose Drive ([Map](#))

Vista, CA 92083

HOW DID YOU HEAR ABOUT US?

(Please check as many as apply)

() CCL Website

() New Haven Website

() Coworker/Colleague

() Other: _____

DECLARATION:

I hereby declare that all the above information is correct.
Cancellation refunds will be granted up to two weeks prior to training,
minus a \$25 administrative fee. After two weeks, course fees are
non-refundable.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Class: _____

Amount Paid: _____

Paid Date: _____

Receipt No: _____