



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY



## January—March 2019

Check the course/s requested and complete the **REQUIRED** registration information. Turn in to a branch desk to be registered **and wait** to be confirmed as registered.

Course Fee: **\$25 for each class (100% discount for Staff)**

### Instructor– Led/Classroom Based

All course content and testing completed during scheduled session.

#### Basic Life Support (BLS) Downtown Branch

- Monday, Jan 7, 5:30—9:30 pm
- Monday, Feb 18, 9:00 am—1:00 pm<sup>^</sup>
- Thursday, Mar 14, 5:30—9:30 pm

#### Basic First Aid (BFA) Downtown Branch

- Monday, Jan 14, 5:30 pm—9:30 pm
- Monday, Feb 18, 2:00—6:00 pm<sup>^</sup>
- Thursday, March 28, 5:30—9:30 pm

### Blended— Individual Online learning and then Classroom based

All course content and online practice test must be completed 24 hours prior to scheduled classroom session. Registration closes 1 week prior to classroom session. Classroom session will have hands-on skill test and final written test. If you know you will not be able to complete the online work in time for class do not open the link. Contact HR to reschedule.

#### Basic Life Support (BLS)- Kerasotes Branch

- Wednesday, Jan 9, 5:30—8:30 pm\*
- Wednesday, Jan 23, 5:30—8:30 pm\*
- Wednesday, Feb 6, 5:30—8:30 pm\*
- Wednesday, Feb 20, 5:30—8:30 pm\*
- Wednesday, Mar 6, 5:30—8:30 pm\*
- Wednesday, Mar 20, 5:30—8:30 pm\*

#### Basic First Aid (BFA) - Kerasotes Branch

- Wednesday, Jan 16, 5:30—8:30 pm\*
- Wednesday, Jan 30, 5:30—8:30 pm\*
- Wednesday, Feb 13, 5:30—8:30 pm\*
- Wednesday, Feb 27, 5:30—8:30 pm\*
- Wednesday, Mar 13, 5:30—8:30 pm\*
- Wednesday, Mar 27, 5:30—8:30 pm\*

*Child Care Options available while employee takes class.*

*\*Branch Child Watch open for kids 8 week thru 7 years*

*^School Holiday— Schools Out Day an option for kids K—6th grade (SDO requires registration with fee for day \$25 member/\$30 public)*

Please print information clearly. Blended learning access will be issued by email.

Name \_\_\_\_\_ Employee Supervisor \_\_\_\_\_

Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_