

CPR & Continuing Education Training Information July-Sept. 2010

The Early Education Station, Inc. is certified to provide the CPR and AED training you are required to take. We teach the American Heart Association CPR(infant, child and adult) with AED. Please call to arrange a date if you would like us to come to your center to teach a CPR course. A minimum of 15 participants is required. There is a \$10 transfer fee **with 24 hours notice** for CPR and CPR with First Aid. **No refunds are given for CPR or other onsite inservices.** For cancellations due to weather please call our office at **414-546-3960**. If class is cancelled we will have a voice mail message stating this. All courses listed on this flyer will meet at: **The Early Education Station, Inc. 8634 West National Ave. in West Allis.**

CPR- \$32.00

- | | |
|--|----------------------|
| <input type="checkbox"/> Wed. July 7 th | 6:30p.m. - 9:30p.m. |
| <input type="checkbox"/> Mon. July 12 th | 6:30p.m.- 9:30p.m. |
| <input type="checkbox"/> Sat. July 17 th | 9:00a.m.- 12:00p.m. |
| <input type="checkbox"/> Tues. July 20 th | 6:30p.m. - 9:30p.m. |
| <input type="checkbox"/> Thurs. July 29 th | 6:30p.m.- 9:30p.m. |
| <input type="checkbox"/> Sat. July 31 st | 9:00a.m. - 12:00p.m. |
| <input type="checkbox"/> Wed. Aug. 4 th | 6:30p.m. - 9:30p.m. |
| <input type="checkbox"/> Mon. Aug. 9 th | 6:30p.m. - 9:30 p.m. |
| <input type="checkbox"/> Sat. Aug. 14 th | 9:00a.m. - 12:00p.m. |
| <input type="checkbox"/> Wed. Aug. 18 th | 6:30p.m. - 9:30p.m. |
| <input type="checkbox"/> Tues. Aug. 24 th | 6:30p.m. - 9:30p.m. |
| <input type="checkbox"/> Thurs. Aug. 26 th | 6:30p.m.- 9:30p.m. |
| <input type="checkbox"/> Thurs. Sept. 2 nd | 6:30p.m. - 9:30p.m. |
| <input type="checkbox"/> Wed. Sept. 8 th | 6:30p.m.- 9:30p.m. |
| <input type="checkbox"/> Sat. Sept. 11 th | 9:00a.m. - 12:00p.m. |
| <input type="checkbox"/> Tues. Sept. 21 st | 6:30p.m. - 9:30p.m. |
| <input type="checkbox"/> Thurs. Sept. 30 th | 6:30p.m. - 9:30p.m. |

CPR and First Aid- \$48.00

- | | |
|--|-------------------|
| <input type="checkbox"/> Sat. July 10 th | 9:00a.m.-2:00p.m. |
| <input type="checkbox"/> Sat. July 24 th | 9:00a.m.-2:00p.m. |
| <input type="checkbox"/> Sat. Aug. 7 th | 9:00a.m.-2:00p.m. |
| <input type="checkbox"/> Sat. Aug. 28 th | 9:00a.m.-2:00p.m. |
| <input type="checkbox"/> Sat. Sept. 18 th | 9:00a.m.-2:00p.m. |
| <input type="checkbox"/> Sat. Sept. 25 th | 9:00a.m.-2:00p.m. |

Shaken Baby Syndrome Training-\$10.00

- | | |
|---|--------------------|
| <input type="checkbox"/> Sat. July 17 th | 12:00p.m.-2:00p.m. |
| <input type="checkbox"/> Thurs. July 22 nd | 6:30p.m.-8:30p.m. |
| <input type="checkbox"/> Tues. Aug. 10 th | 6:30p.m.-8:30p.m. |
| <input type="checkbox"/> Sat. Aug. 14 th | 12:00p.m.-2:00p.m. |
| <input type="checkbox"/> Thurs. Aug. 19 th | 6:30p.m.-8:30p.m. |
| <input type="checkbox"/> Mon. Aug. 30 th | 6:30p.m.-8:30p.m. |
| <input type="checkbox"/> Sat. Sept. 11 th | 12:00p.m.-2:00p.m. |
| <input type="checkbox"/> Wed. Sept. 15 th | 6:30p.m.-8:30p.m. |
| <input type="checkbox"/> Mon. Sept. 27 th | 6:30p.m.-8:30p.m. |

Child Abuse and Neglect Training- \$10.00

- | | |
|--|--------------------|
| <input type="checkbox"/> Wed. July 14 th | 6:30p.m.-8:30p.m. |
| <input type="checkbox"/> Sat. July 31 st | 12:00p.m.-2:00p.m. |
| <input type="checkbox"/> Mon. Aug. 16 th | 6:30p.m.-8:30p.m. |
| <input type="checkbox"/> Thurs. Sept. 9 th | 6:30p.m.-8:30p.m. |
| <input type="checkbox"/> Thurs. Sept. 23 rd | 6:30p.m.-8:30p.m. |

Sudden Infant Death Syndrome (SIDS)- Risk Reduction Training-\$10.00

- | | |
|---|-------------------|
| <input type="checkbox"/> Thurs. July 8 th | 6:30p.m.-8:30p.m. |
| <input type="checkbox"/> Thurs. Aug. 12 th | 6:30p.m.-8:30p.m. |
| <input type="checkbox"/> Mon. Sept. 13 th | 6:30p.m.-8:30p.m. |

Check our website at: www.earlyedstation.com to order self-study courses. Please check the course(s) you would like to register for and include this form with payment.

Name _____

Address _____

City, State, Zip _____

Work phone _____ Home phone _____

Method of payment check money order Visa MasterCard cash

Credit card# _____ Exp. Date _____

Security Code (last 3 dig. on sig. line) _____ Signature _____

Total Payment enclosed _____

Please use a separate form for each participant. A confirmation letter will be sent for CPR and CPR with First Aid only. Please make check payable to The Early Education Station and mail to 8634 W. National Ave. West Allis WI 53227