

We Care Family Services and Child Visitation Supervised Visitation Monitoring Training

Registration

Name: _____

Street Address: _____

City, State, Zip Code _____

Contact Number: _____

Email Address: _____

Employer/Job Title: _____

Service Area (*area where you will provide service*): _____

Name of Training: Supervised Visitation Monitor Training

Dates of Training: _____

Amount Enclosed: \$300 - Standard Rate

Name you would like on the certificate: _____

To register, please send form and payment via mail to the address below. You may also fax this form to (310) 608-2779 or email wecare@wecarefscv.com. Registration is on a First Come First Serve basis. (Payment must be received no later than registration deadline).

Payment Options:

No personal checks accepted.

Options are: Credit Cards, Money Orders or Cashier's Check

Make payable to We Care FSCV

5200 Clark Ave #3073

Lakewood, CA 90711

Payments can also be made over the telephone or online at [Monitor Training Classes](#), you will incur a 3% service charge for these options.

For further information, please contact:

Kimberly D. Tyler, Supervised Visitation Trainer

Phone: (562) 353-8973 Fax: (310) 608-2779 E-mail: wecare@wecarefscv.com

Refunds/No Show/Transferring Registration

*No refunds will be given after registration fee is paid; Registration can be transferred to another individual by contacting me prior or as an alternative, the student can attend the next class session being offered. After failing to attend the next class offered, Registration will be forfeited.