

# Parent/Caregiver Course "Help Children with ADHD succeed"

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City  
 \_\_\_\_\_  
Prov. Postal Code Home Phone

Email: \_\_\_\_\_ **Skype Attendee** Yes No

Education: 

High-school	University	ECE	Nurse	Teacher	Other (please, specify)

Please, tick



	1	2	3	4	
Ages of child/ren with ADHD					
Ages of siblings					

1. Please, enroll me in the course on how to help children with ADHD succeed.
2. I understand this is a theoretical course.
3. I understand the course is a ten (10) chapter course.
4. I understand that I will receive a certificate at the end of the course, providing I complete 80% of the course.
5. I will pay the fee of \$70.00 (family-member in Excalibur), \$80.00 for all others for the course. **Add \$5.00 S&H for Skype.**
6. My fee is included with the application.
7. All cheques are payable to: Excalibur ADHD Association; mail to: 32 Dundas Street, Dartmouth, NS, B2Y 2T9 with the application.  
OR send an Electronic Transfer to [ex.info@excaliburadhd.org](mailto:ex.info@excaliburadhd.org); email the application with password to the same email address.
8. Please, ensure "**Family School POP 6-12**" is in the Subject .
9. I understand that articles supporting the course materials will be emailed to me i.e. no paper copies will be available.

**I have read the above and I understand and agree with the points. I verify that the information I have provided is true and accurate.**

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Please, visit [excaliburadhd.org](http://excaliburadhd.org) under Programs for more information or call 902-461-1761.  
or email: [ex.info@excaliburadhd.org](mailto:ex.info@excaliburadhd.org)

**EXCALIBUR ADHD ASSOCIATION**  
There is help, but no cure for ADHD

**Family School POP**  
**Parents/Caregivers**  
**of 6-12 year olds**