

Parent/Caregiver Course "Help Children with ADHD succeed"

Name: _____ D.O.B. _____

Home Address: _____
Street City

Prov. Postal Code Home Phone

Email: _____

Phone attendee	Yes	No
Skype Attendee		

	High-school	University	ECE	Nurse	Teacher	Other (please, specify)
Education: <small>Please, tick</small>						



	1	2	3	4	Skype ID
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; 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 under Programs for more information or call 902-461-1761.
or email: ex.info@excaliburadhd.org

	 EXCALIBUR ADHD ASSOCIATION <i>There is help, but no cure for ADHD</i>	<h2 style="color: green;">Family School POP</h2> <h3 style="color: green;">Parents/Caregivers of 6-12 year olds</h3>
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