Trainee Course
"Help Children with ADHD succeed"

Name: _____ D.O.B. _____

Home Address: _____ _____
Street City

NS _____
Prov. Postal Code Home Phone

Email: _____

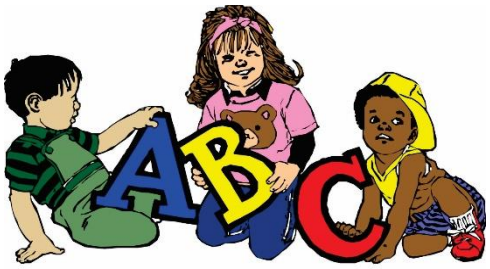
Education: Please, tick	High-school	University	ECE	Nurse	Teacher	Other (please, specify)

1. Please, enroll me in the course on how to help children with ADHD succeed.
2. I understand this is a theoretical course combined with hands-on experience with children.
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 the course.
5. I will pay the fee of $50.00. The fee is included with my application.
6. I understand that this application does not guarantee me a space in the course.
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 3-6"** 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 461-1761.
or email: ex.info@excaliburadhd.org



Family School POP
(Preschool Over-activity Program)
3 - 6 year olds

(P12/15)

A program offered by:
Excalibur ADHD Association