



# N.H.T.S.A. Standardized Child Passenger Safety Certification Course Application

Class Date: June 22 - 25, 2010 - Kalamazoo, Michigan  
Application due: May 31, 2010

(Please print or type clearly)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
E-Mail address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Fax number

County Applicant lives in: \_\_\_\_\_

County Applicant works in (if different from above): \_\_\_\_\_

List your experience with Child Passenger Safety and the reasons for wanting to attend this class:

\_\_\_\_\_  
\_\_\_\_\_

How do you plan on using the knowledge learned from this class?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE RETURN the application and a signed Goals and Expectations Form  
postmarked on or before May 31, 2010 to: FAX to (269) 341-7527 or address below.

Deb Carpenter, Coordinator  
Safe Kids Kalamazoo County  
The Children's Hospital at Bronson  
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Kalamazoo MI 49007  
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