



# CPR Course Registration

Oak Park Fire Department  
100 N. Euclid Ave.  
Oak Park, IL 60301

708.358.5605  
cpr@oak-park.us

## INTRODUCTION

CPR courses are held at the Oak Park Fire Department, 100 N. Euclid Ave., Oak Park, Illinois, 60301. The Fire Department is a certified American Heart Association (AHA) Training Center. Courses are conducted by certified instructors in accordance with curriculum and guidelines set forth by the AHA.

Please keep in mind the following rules and regulations as you fill out your application.

Class size is limited to eight (8) students for infant/child courses, and nine (9) students for all other courses, per AHA guidelines.

Cancellation is required at least 24 hours prior to the course date to be eligible for a refund. You may be rescheduled to a future course based on availability. If you do not cancel within 24 hours of the course date, a refund may not be issued. To cancel, email **cpr@oak-park.us**. To be eligible for a book refund, textbooks must be returned unopened.

I have read and understand the cancellation requirements.

**Note:** Your registration is not complete until this form and payment have been returned to the Fire Department.

## REGISTRATION FEES

Fees must be paid at the time of registration. Personal check, money order and cash (exact change preferred) are acceptable forms of payment. Please make checks and money orders payable to **Village of Oak Park**.

Heartsaver/AED .....	\$60 resident, \$80 nonresident
Heartsaver/First Aid .....	\$60 resident, \$80 nonresident
Healthcare Provider Course.....	\$70 resident or business community member, \$90 nonresident
Additional textbooks .....	\$15 per student for all Healthcare courses. \$5 per student AED/CPR and

## APPLICANT INFORMATION

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Registration for  Heartsaver/AED  Heartsaver/First Aid  Healthcare Provider

Requested Course Date \_\_\_\_\_

## OFFICIAL USE ONLY

Fire Department Member Taking Information (please print) \_\_\_\_\_

Heartsaver/AED, Heartsaver/First Aid	<input type="checkbox"/> \$60 resident or business community fee received	<input type="checkbox"/> \$80 nonresident fee received
Healthcare Provider course	<input type="checkbox"/> \$70 resident or business community fee received	<input type="checkbox"/> \$90 nonresident fee received

Payment amount \$ \_\_\_\_\_  Cash  Check

Textbooks issued  Heartsaver/AED  Heartsaver/First Aid  Health Care Provider/AED

**Note:** Please retain a copy of this form as your receipt and proof of registration.