

# PROXY CAREGIVER

Wonderland Intl Company, LLC  
3780 Napier Avenue  
(PLEASE NOTE: **MACON CLASS ADDRESS- YELLOW HOUSE**)  
MACON, GEORGIA 31204  
478-718-7331

CLASS/CLASSES ATTENDING: Proxy Caregiver- *Recertification*  
DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_

EMPLOYER'S EMAIL ADDRESS: \_\_\_\_\_

SPECIAL DIET: \_\_\_\_\_

SPECIAL ACCOMODATIONS NEEDED: \_\_\_\_\_

**PLEASE FAX ALL REGISTRATIONS TO 478-746-0487 5 DAYS BEFORE CLASS**

.....  
\*Cash or Money Order made out to: **WONDERLAND INTL COMPANY, LLC**, Please mail payment to **1208 Carlisle Avenue Macon, GA 31204**

You may also pay by PayPal with an added convenience fee at [wittrainingco.com](http://wittrainingco.com) (\$75 per person)



**\*NEED A COPY OF MAR's of resident that has Insulin and one copy of MAR of 1 resident. (If applicable)**

**The name of resident needs to be marked out with black permanent marker.**

\*Employee will need to be familiar with the policies and procedures on how the facility handles medications prior to class. **BRING PAPER/ TABLET TO TAKE NOTES, PEN or PENCIL**

**\*\*\*Room temperature: Classroom temperatures *do fluctuate*. Please bring a *light jacket or sweater to ensure your comfort*\*\*\***