

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- *Initial*
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

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*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 (\$100 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******

***NEW** Employees will be administered the TOFHLA HEALTH LITERACY EXAM and must pass with a minimum score of 75.