



**C.A.R.S. class
Children and Restraint Systems**

Approved for MN Child and Foster Care Providers and Law Enforcement Officers

Length: approx. 3.5 hours

Type of Instruction: Lecture, video, and hands-on.

This class meets the requirements set forth by the Minnesota Office of Traffic Safety/Dept. of Public Safety

Class Requirements:

- Minimum of 6 participants. Maximum of 20 participants - space is limited, so sign up early.
- **Class fee is \$30 per participant. You may register one of three ways:**
 1. Register electronically by emailing this completed form to: safekids@altru.org
 2. Register by phone at SAFE KIDS GRAND FORKS – 701-780-1400.
 3. Complete this form and register by mail (see address below).

****A participant is NOT registered until the \$30.00 class fee is received by Safe Kids Grand Forks.**
- Safe Kids Grand Forks will contact all registered participants prior to class as a reminder. If at this time the minimum number of registered participants has not been achieved, the class will be cancelled. We reserve the right to cancel a class if we have less than our required minimum of participants registered.
- Safe Kids Grand Forks will **NOT** be providing class participants with Certificates of Completion. Attendance will be marked complete either through the [Develop \(MN\)](#) or [Growing Futures \(ND\)](#) web site. **Please make sure to provide your Develop or Growing Futures ID number to receive a certificate.** Participants must attend for the full length of class to receive a Certificate of Completion.

Class date requested: _____

Class attendee(s): _____ Develop or Growing Futures ID #: _____

Mailing address: _____

Please provide your e-mail address: _____

Contact phone #: Home: _____ Cell: _____

I understand that I am registering and paying for this class. I have one week prior to the scheduled class to cancel for a full refund of my payment. After that time, a refund will NOT be offered.

Signature _____ Date: _____
(electronic signature acceptable)

Complete this form and mail \$30 payment OR email form and provide credit card information.

Make checks payable to: Safe Kids Grand Forks

Remit to: Safe Kids Grand Forks
Attn: Dept Assistant
607 DeMers Ave.
East Grand Forks, MN 56721

E-mail: safekids@altru.org

Payment method:

Cardholder Name: _____

Card # _____ Expiration Date: _____ 3 digit security code on back: _____

Payment must be received at least 1 week prior to the scheduled class date.

Class site: Altru Clinic in East Grand Forks, Lower Level - 607 DeMers Ave., EGF, MN

For a schedule of class dates here is a link to the Safe Kids Grand Forks website: www.safekidsgf.com