



**NURSING ASSISTANT COURSE REGISTRATION FORM**

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: ( ) \_\_\_\_ - \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Telephone: ( ) \_\_\_\_ - \_\_\_\_ Relationship: \_\_\_\_\_

Fee: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

**We Accept: Master/Visa/Amex/Discover. Please circle the type of card you will be paying.**

**Credit Card #:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Name on Credit Card:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* Please check the class you are registering for below:

**Evening**  **Weekend**  **Review**

Due to limited space in the class, registration shall be accepted on a first come basis. In order to secure a seat in the class, please complete this registration form with \$80 deposit and mail it to: **Standard Health Care, Inc. P.O. Box 9164, Reston, VA 20190.** Check or money order shall be made out to: **Standard Health Care, Inc.**

Deposits are refundable up to three days prior to the first day of class. Deposits may be used towards future training.

**\* Please note that the \$80 deposit is a part of the cost of the course. Payment plan is available.**