



Course Registration Form
Nursing Assistant & Home Health Aid Course

Name:			
Age:		Sex: () Male () Female	
Address:			Apt:
City:		State:	Zip:
Date of Birth:			SSN:
E-mail address:			Home or Cell:

Emergency Contact or Sponsor Information

Name:		Relation to You:	
Address:			Apt:
City:		State:	Zip:
E-mail address:			Ph: Fax:
Type of Sponsor (if applicable):			

Course Information

Education Level: () High School () GED () Vocational () College
Course: Nursing Assistant & Home Health Aid
Morning Class: () 8:00 AM – 1:00 PM Monday – Friday Evening Class: () 4:00 PM – 9:00 PM Monday – Friday Saturday Class: () 7:00 AM – 3:00 PM <i>Note: Clinical hours will likely take place on one weekend during the course</i>

Signature:	Date:
------------	-------

Amount Paid at Registrations: \$_____.	Check () Cash () PayPal ()	Office Use Only
Received By: _____		

Caring Hands Health Care and Training Services

3620 Central Avenue
Minneapolis, MN 55418
Office 763-439-8832 - Cell 763-291-5125