



Enrollment Application

Student Information Sheet

Course Start Date: PALS Provider Update Course - April 26, 2026

Course Location: Balentine Ambulance, Shreveport, LA

STUDENT INFORMATION

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

EMPLOYER: _____

LICENSE / CERTIFICATOIN: _____

LICENSE NUMBER: _____

SIGNATURE: _____

CONSENT FOR SMS MESSAGING: _____ ADD TO MAILING LIST: _____

PAYMENT REQUIRED AT TIME OF REGISTRATION

- **100% refund up to 30 days from course date.**
- **50% refund up to 7 days from course date.**
- **If a student withdraws from the course within 7 days of the start date, the course fee will be forfeited.**
- **\$20 service fee for all refunds.**

Payment Received: _____