

Certified Nursing Aide Training Program

Student Registration Form

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Please print legibly. All signatures should be in ink.

STUDENT CONTACT INFORMATION

Today's Date: _____

Class Start Date: _____

Social Security Number: _____ - _____ - _____ *Date of Birth: _____ / _____ / _____ Age: _____
Month / Day / Year

*Name: _____
First Middle Last Suffix

*Address: _____
Street Address/PO Box Apartment or Unit Number City State Zip

*County of residence: _____ Email Address: _____

Cell Phone: (____) _____ (Are texts, OK? Yes No)

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: (____) _____ Relationship: _____
First Last

What is the highest level of education you completed? _____ Why are you interested in taking the Certified Nursing Aide classes? What is your goal with this program?

Do you have any special needs which require you to learn differently or require accommodations for learning?

Do you have a device (laptop or tablet, NOT a phone) available for testing?

Are you currently using TANF, SNAP, SSI, Workmen's Comp, Rehab following an accident, chronically unemployed, or any other Public Assistance or Military Assistance Program?? If so, you may be eligible for tuition assistance.

List _____

Have you ever worked in an area of healthcare? Where? When?

Do you have any felonies or a police record of any kind, in any state in the U.S.?

Student Signature and Date _____

THE TUITION OF \$899.00 (INCLUDES BOOK AND TEST FEES) MUST BE PAID (CASH OR CHECK) PRIOR TO THE FIRST CLASS.