

Quality Health Care, Inc.

HOME HEALTH AIDE TRAINING REGISTRATION FORM

PLEASE PRINT CLEAR

Name: _____

Address: _____

City/State/Zip: _____

Phone (Day): _____ Phone (Evening): _____

Class Time (**Check One**):

Mornings

Evenings

Saturdays

Class Start Date: _____

Have you received your high school diploma or GED? YES NO

How did you hear about us?

Student Signature : _____ Date _____

Registration is on first come, first serve basis. **NO REFUNDS.**

CLASS SIZE/CANCELLATION: Quality Health Care reserves the right to cancel classes with an enrollment less than 10 students or whenever reason warrant. Students must be at least 18 years or older. All students must be a US Citizen or a Qualified Alien. Students must be able to read, write and speak English proficiently.