



We Care Home Health LLC

CPR/ First Aid Course Registration Form

Course Session Enrolled _____

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Email: _____

TOTAL COURSE FEES:
BLS Healthcare Providers \$70
Heartsaver CPR \$60
Heartsaver First Aid \$60
Heartsaver CPR/First Aid \$80
Skills Check \$50

1. All Fees and Deposits are NON-REFUNDABLE. _____ (Initial)

Registration Fee

Initial Deposit (min. \$30) \$ _____ _____ (Initial)

Date paid: _____ _____ (Initial) Balance Owed: \$ _____ _____ (Initial)

2. How did you hear about this program:

____ Internet ____ Employment Agency ____ Friend (Name _____) ____ Returning Student

Cancellations/Changes and Refunds: All registration fees and initial deposits are NON-REFUNDABLE. All outstanding balances are due prior to first date of the enrolled course. In the event of inclement weather should We Care Home Health LLC need to close the training center during an already scheduled day of class, We Care Home Health LLC will reschedule the class at no additional cost to the student.

_____ (Initial)

3. PAYMENT METHOD:

Please check appropriate payment method: ____ Cash ____ Check (Please make check(s) payable to We Care Home Health LLC)
____ Credit Card ____ Paypal

BY SIGNING BELOW, YOU ACCEPT ALL SAID POLICIES INDICATED IN THIS REGISTRATION FORM.

SIGNATURE: _____ DATE: _____