



RHONDA GRAY TRAINING CENTER

ENROLLMENT APPLICATION FORM

E-mail: rhondagraytrainingcenter@gmail.com

Telephone: 877-840-8374 FAX: 1-877-975-6426

Full Legal Name _____
Last First Middle (Maiden)

Date of Application _____ *Start Date* _____

Mailing Address _____
Street City State Zip Code

Phone Number _____ *Cell* _____

Date of Birth _____ *Age* _____ *Social Security Number* _____

Male _____ *Female* _____

E-Mail Address _____

How did you hear about Rhonda Gray Training Center? : _____

Name of Program Applying for Desired Class Time Desired Class Date

Are you a U.S. Citizen ___Yes ___No?

Are you authorized to work in U.S ___Yes ___No?

Have you graduated High School or have a GED _____Yes _____ No

Please list any Technical School, College, or University you attended after High School:

From: _____ *to* _____

Degree Earned: _____

Graduated ___Yes ___No

From: _____ to _____
Degree Earned: _____

From: _____ to _____
Degree Earned: _____
Graduated ___Yes ___No

From: _____ to _____
Degree Earned: _____
Graduated ___Yes ___No

If you plan to complete an educational program in the future, please indicate the degree or program to be completed: _____

Prior Convictions: Have you ever been convicted of any violation of law, including moving traffic violations: Yes No If yes, then please provide the following: Describe the offense: Statute/Ordinance (if know), Date of Charge, and Date of Conviction: _____

__ I hereby certify that all entries on the application and any attachments are true and complete and that any falsification of this information may result in my forfeiture any monies paid to RGTC.
I have read and agree to the course fees and entrance requirements.

Signature _____

Date _____

E-mail: rhondagrayertrainingcenter@gmail.com

* For questions call 877-840-8374

Application and Credit Authorization Form can be received via mail, email, or Fax Payments accepted in via Credit Card Authorization (Debit Cards), Money Order or Cashier's Checks

RHONDA GRAY TRAINING CENTER
CREDIT CARD/PAYMENT FORM

***RGTC does not accept AMEX.**

***Cash, Debit, PayPal, Google Wallet or Money Orders accepted**

Credit Card Number/ Money Order: _____

Credit Card SID (3 digit security code on front or back of card) #: _____

Charge Amount: _____

(3 digit security code on front or back of card) _____

Exp. Date: _____

Card Type: Options: Master Card _____ VISA _____ Discover _____ Debit _____ MO _____

Specify Class (please circle option):

CPR Pro- Adult, Child, Infant, AED with First Aid (Combo) - \$50

CPR AED and First Aid (only) - \$35

First Aid (Only) - \$25

Advance First Aid (only)- \$25

Pediatric CPR, AED and First Aid- \$35

Family & Friends CPR for the community- \$30(certified)

Family & Friends CPR for the community (non certified) -\$25

Child and Babysitting Safety Program (CABS) 8 hour course total -\$50

Bloodbourne Pathogens Training- \$25

Emergency Oxygen Administration- \$35

Weekend 1 Day Phlebotomy Workshop -\$400

Phlebotomy Training online-\$700

Phlebotomy Training In-Class -\$500

Phlebotomy Technician Refresher Class- \$200

Mileage Fee for Mobile Class Services- Call to Inquire

Student Name: _____

Tel: _____

Cardholder Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature _____

***\$100 non-refundable Deposit for Any Phlebotomy Training No Exceptions!!!**

***\$195 non-refundable Deposit for Phlebotomy Training After Class Has Begun No Exceptions !!!**

