



START
(Skills, Tasks, and Results Training Program)
February 21st, 2017
Enrollment Form

6:00 – 8:30 pm TUESDAY & THURSDAY

Last Name:		First Name:		Middle Name:	
Street Address:					
City:	State:	Zip	County	Email address	
Home Phone:			Cell Phone:		
Date of Birth:			Are you in need of assistance due to a disability?		
Sex:			Marital Status: S M W D		
Employer:			Work Phone:		
Emergency Care Info:					
Name: _____ Relationship _____ Phone: _____					
Make check payable to <u>Ohio County Community Foundation</u> Textbook must be Returned!					
TOTAL COST: \$125.00 \$100.00 Enrollment & Book Rental \$25 Exam Fee		DATE PAID		CHECK/CASH	RECEIPT #
Mail or Fax your registration to					
EDUCATION CENTER OF RISING SUN P.O. Box 170, 591 SMART DRIVE RISING SUN, INDIANA 47040; 812-438-2437; Fax 812-438-2472 CONTACT: Deborah Thomason dthomason@occfrisingsun.com					
To the best of my knowledge, the above information is complete and accurate. In case I am injured, I authorize the officials of the Education Center of Rising Sun to take the necessary actions to save my life. I agree to comply with the policies and practices of the Education Center of Rising Sun. I understand that if I knowingly provide false information my enrollment may be revoked. I also grant the Education Center of Rising Sun permission to use my picture in publicity and on their website.					
X Student Signature:				Date:	

Financial assistance is available for those who qualify – contact us to see if you qualify!