

Student Registration Form

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment #*

City *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Birth Date: _____

EMT Course Registration

Check off the course you are registering for:

-EMT Original -EMT Refresher

What is the class start date? _____

All programs must have a \$200.00 non-refundable deposit with this registration

Once you have filled out the registration form, please make sure this form and all payments are sent to the following address. A confirmation phone call or e-mail will be made so please make sure all the student information is correct and legible. All Money orders are to be made out to Rescue Training Institute, Inc. Please, DO NOT mail cash.

Please mail to:

Rescue Training Institute, Inc.
Emergency Medical Services Program
104-38 47th Avenue
Corona, NY, 11368
Attn: EMS Registration