



# EMT Registration Form



Pro-Tech Life Safety Services

## **STUDENT INFORMATION**

First name:

Last name:

Phone #:

Email Address:

Class: Please check one- 6wk Accelerated Course (  ) **or** 12 wk Night Course (  )

Class Start Date:

## **MAILING ADDRESS**

Address:

City:

State:

Zip:

## **PAYMENT INFORMATION**

Options:

Full payment of \$975

Or

Down payment of \$400

1<sup>st</sup> payment-\$300: Due at the end of 2<sup>nd</sup> wk.

2<sup>nd</sup> payment-\$275: Due at the end of 4<sup>th</sup> wk.

**\*If not received by the due date, student will automatically be dropped from the class.**