

Lead Worker Initial Training

Location: EMGC Training
Date: Monday November 4, 2019 – Thursday November 7, 2019
Time: 8:00 AM –4:00 PM

\$25.00 Pre-paid Registration Fee (Non-Refundable) and Registration Form Required

Checks payable to: Naugatuck Valley Health District

Credit / Debit cards: To protect your credit information please phone 203-881-3255

To guarantee a spot return this form and payment by Friday, November 1, 2019 to:

NVHD – RRP Training

98 Bank St.

Seymour, CT 06483

Phone (203) 881-3255

Fax (203) 881-3259

cslajda@nvhd.org or NVHDEH@NVHD.org

APPLICATION /ENROLLMENT FOR ADMISSION

EMGC Training, Inc., 412 Roosevelt Drive Derby, CT 06418

Tel: (203) 924-9544 Fax: (203) 736-1547

Student Name _____

D.O.B. ____/____/____

Address _____

City _____ State _____ Zip Code _____

Employer Name _____ Work Contact _____

Employer Address _____

Home Tel: _____ Work Tel: _____ Cell No. _____

Email Student _____ Work Email _____

CANCELLATION AND REFUNDS

School reserves the right to reject any application for admission or terminate the enrollment of any student for reasons of academics, attendance, conduct, arrears in payment, or not confirming to the rules and regulations of the school. In the event a student is terminated the school will notify the student in writing specifying the effective date of termination. The student shall have the right to cancel this agreement at any time. **NO REFUNDS** will be given.

COMPLETION AND PLACEMENT ASSISTANCE: A certificate of Completion will be issued only once the student has met all requirements including payment of all fees. The school cannot guarantee or promise employment to any graduate.

THE SCHOOL RULES AND REGULATIONS ARE FOUND IN THE SCHOOL CATALOGUE.

My signature on this agreement is an acknowledgment that I have read and understand this agreement and the school catalog. I have not been made any promises contrary to the statements in this agreement and I agree to abide by the school rules. I acknowledge that I have received a signed copy of this agreement and a school catalog. This agreement becomes effective upon signing of applicant and school official.

Student/Work Signature _____ Date ____/____/____

School
Representative

Signature _____ Date ____/____/____

REV 1/17

Note: You must attend the entire class to be eligible for the certification exam.