



MATCHING CAREGIVERS INSTITUTE

2001 Palm Beach Lakes Blvd Suite 502 I G

West Palm Beach, FL 33409

Tel: (786) 305-2006 Fax: (772) 600-3651



REGISTRATION FORM AGREEMENT

Name: _____ Date: _____

Address: _____ City: _____ State _____ Zip Code _____

Phone: _____ SS#: _____ DOB _____

Race: African American/Black ☐ , Caucasian/White ☐ , Hispanic ☐ , American Indian/Alaskan Native ☐ , Other ☐

☐ Home Health Aid (75 hours), ☐ Certified Nursing Assistant

Enrollment Agreement Check List:

HHA _____ Domestic Violence _____ CPR _____ First Aide _____

HIPAA _____ HIV/AIDS/OSHA _____ Med. Error _____ Alzheimer's _____

Infection Control _____ Assist with Self-Medication _____ Other _____

Fees are payable upon registration. We accept checks, cash, credit cards, money order, check cards, and debit cards, Seventy-five dollars (\$75) will be charged on all return checks, cancel checks, or insufficient money checks.

If paying by checks, credit cards, check cards, or debit cards; Please have your driver's license or Florida Identification and correct phone number written down on check or on the Registration Form. Tardiness will not be

accepted. All students must complete assignments and attend class daily per your course schedule. You will be given two chances to pass all given tests; If an individual fails more than two times, the individual will have to re-enroll for that class.

Materials purchased for that class cannot be returned. Refund Policy: Withdrawal is only valid for two days prior to attending classes. ONLY NINETY PERCENT (90%) OF THE TOTAL FEE AND THE DEPOSIT MONEY WILL BE RETURNED

OR REFUNDED. Upon withdrawal a student is required to wait 15 days before receiving a refund. ALL

CERTIFICATES AND OTHER IN-SERVICES BECOME NULL AND VOID IF NOT COLLECTED OR PAID FOR WITHIN TWO TO THREE WEEKS OF COMPLETION OF COURSES.

I HAVE READ AND UNDERSTOOD THE AFORMENTIONED

SIGNATURE _____ DATE _____