



Registration Form

OFFICE USE ONLY

Registration Fee:

PAID

Initials \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- MT
 MT6
 MT8
 FMS

PERSONAL INFORMATION - Please Print or Type (please do not leave any blanks)

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M.I \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DRIVER'S LICENSES STATE and # \_\_\_\_\_

In your previous educational experiences, were you diagnosed with a learning disability? ( ) YES ( ) NO
If YES, please attach documentation of testing results.

Are you a citizen of the United States? ( ) YES ( ) NO
If NO, please state country and visa status: \_\_\_\_\_(provide permanent resident card)

RACE (optional): ( ) Caucasian ( ) African American ( ) Hispanic ( ) American Indian ( ) Asian ( ) Alaska Native
( ) Pacific Islander ( ) Other \_\_\_\_\_ ( ) Do not wish to disclose

Is English your primary language? ( ) YES ( ) NO

( ) MALE ( ) FEMALE MARITAL STATUS \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME TELEPHONE NUMBER(S)

NAME TELEPHONE NUMBER(S)

EDUCATIONAL BACKGROUND NAME CITY/STATE COMPLETION DATE DEGREE

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

TRADE/VOC SCHOOL \_\_\_\_\_

GED: Date awarded GED certificate: \_\_\_\_\_ State: \_\_\_\_\_
(Must provide a copy of the GED Test Scores and a copy of the certificate with registration form)

Are you currently enrolled at any other schools? ( ) YES ( ) NO

ARREST HISTORY - It is important that applicants realize that the Department of Health makes a final determination as to your eligibility to receive a license. One factor they consider is your arrest history. Since the determination is not made until you have completed training and taken your State Examination, you are required to complete this section prior to admissions so that we can review your information.

Have you ever been charged or arrested? ( ) YES ( ) NO

If you answered YES, please explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? ( ) YES ( ) NO

If you answered YES, please explain and attach court records related to your conviction \_\_\_\_\_

ENROLLMENT PLAN – Please mark your selection and MM/DD/YYYY of start date \_\_\_\_\_

\_\_\_ Basic Massage & Hydrotherapy Program:

\_\_\_ Day Class  
\_\_\_ Night Class  
\_\_\_ Full Time  
\_\_\_ Half Time

\_\_\_ Massage and Hydrotherapy 600 Hour Program:

\_\_\_ Day Class  
\_\_\_ Night Class  
\_\_\_ Full Time  
\_\_\_ Half Time

\_\_\_ Massage & Hydrotherapy 800 Hour Program:

\_\_\_ Day Class (Full Time Only)  
\_\_\_ Night Class (Full Time Only)

\_\_\_ Basic Facial & Makeup Specialist Program:

\_\_\_ Day Class  
\_\_\_ Night Class

How did you hear about Space Coast Education Center? (Check one)

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Space Coast Education Center website | <input type="checkbox"/> Facebook | <input type="checkbox"/> Natural Healers |
| <input type="checkbox"/> Sign                                 | <input type="checkbox"/> Internet | <input type="checkbox"/> Former Student  |

Name: \_\_\_\_\_

What encouraged your decision to choose Space Coast Education Center?

\_\_\_\_\_

What was your first overall opinion of our facility (appearance, friendliness of staff, etc)? \_\_\_\_\_

\_\_\_\_\_

The information that I have provided on this registration is correct to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

My Registration is complete because I have:

- A small photograph attached as indicated on this registration. **(We can photo copy your ID)**
- The \$95.00 fee. This fee can be paid by cash, credit or debit card, check or money order made out to Space Coast Education Center, Registration fee is non-refundable and cannot be transferred to a subsequent program date.
- A certified official transcript stating date of graduation, GED equivalent (Must provide a copy of the GED Test Scores and a copy of the certificate with registration form) or high school diploma is required.

Please complete and return with registration fee and current picture to:

Space Coast Education Center  
1070 S. Wickham Road  
West Melbourne, FL 32904  
(321) 308-8000 Fax (321) 722-3997