



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 status and 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)? _____

I certify that the information that I have provided on this registration is true and correct to the best of my knowledge and that any falsification of information given can be grounds for termination from the program.

Signature _____

Date _____

Please complete the following items below and return with registration fee to:

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

- 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 high school diploma or certified official transcript stating date of graduation, or GED equivalent (Must provide a copy of the GED Test certificate with registration form) is required.