



WEARS GLASSES  HEARING AID  READS  WRITES

ORIENTATION: TO PERSON  PLACE  TIME

MY REQUESTED START DATE IS \_\_\_\_\_.

ATTENDANCE – PLEASE INDICATE THE DAYS AND APPROXIMATE TIMES YOU WILL BE ATTENDING:

MONDAY \_\_\_ A.M. - \_\_\_ P.M. TUESDAY \_\_\_ A.M. - \_\_\_ P.M. WEDNESDAY \_\_\_ A.M. - \_\_\_ P.M.

THURSDAY \_\_\_ A.M. - \_\_\_ P.M. FRIDAY \_\_\_ A.M. - \_\_\_ P.M. SATURDAY \_\_\_ A.M. - \_\_\_ P.M.

I UNDERSTAND I WILL BE CONTACTED WHEN THERE IS A SPACE AVAILABLE.

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<i>FOR OFFICE USE ONLY</i>	<i>DATE</i>	<i>CHK/REF#</i>	<i>AMOUNT</i>	<i>INITIAL</i>
<i>START DATE</i>		<i>REGISTRATION FEE</i>		