***Emergency Care Health & Safety
Training Enrollment Form***

 **Company Name:****Date of Course:****/****/**

 **Contact Name:****Number of Students:**

**Company Address:****City, State, Zip**

***Course Agency:***

**[ ] American Red Cross** **[ ] American Heart Association**

***Certification***

 [ ] Certification [ ] Re-Certification

***Certification Type***
Note: All Instructor Courses are Certified Through The American Red Cross

[ ] CPR/AED Professional Rescuer [ ] Lay Responder/Heartsaver [ ] First-Aid

[ ] Lifeguard [ ] Bloodborne Pathogen [ ] Lifeguard Instructor

 [ ] CPR Instructor [ ] CPA/AED & First-Aid Instructor [ ] Emergency Medical

 Responder

***Non-Work Place Student Information***

**Student's Name:****Date of Birth:****/****/****Phone:****-****-**

**Student Address:      Emergency Contact:****Relationship:****City, State, Zip:       Emergency Contact Phone:    -   -**

***Payment Must Be Made At Least 48 Hours Prior to Class (***non-work place only)

[ ] Check [ ] Cash [ ] Credit Card (+3.0%)

***Enrollment Form must be submitted 48 hours before start***

**Dan Castagna, Jr 610.618.9965 • April Varady .302.740.6074**

 **Dan@ECHSafety.com • April@ECHSafety.com**

**NOTE: Make checks payable to Dan Castagna, Jr**

**P.O. Box 935•Linwood, PA 19061**