

**FOOD SERVICE MANAGERS' CERTIFICATION
REGISTRATION FORM**



- Register: 1st Registration
- Re-schedule: from (dates) _____
- One free Re-test – Date of last exam: _____

Employer/Business: _____ Class Dates: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Email Address: _____ Date of Birth: _____

Mailing Address: _____

Work No: _____ Cell Phone No: _____

Participants Signature: _____ Date: _____

- Do you have a fever OR symptoms of upper or lower respiratory illness such as a cough, shortness of breath, difficulty breathing Or sore throat: **Circle: Yes or No**
- Have you traveled internationally within the last month or recently traveled to an area with known local spread of COCID -19? **Circle: Yes or No**
- Have you come into close contact (within 6 feet) with someone who has had symptoms such as fever, lower respiratory illness, such as cough, shortness of breath, difficulty breathing, or sore throat in the last 14 days? **Circle: Yes or No**

FOR OFFICE USE ONLY

***** TUITION (FORM OF PAYMENT): CASH OR CREDIT CARD *** EXCEPT AMERICAN EXPRESS*****
***** (NON-REFUNDABLE) *****

Cashier Payment Receipt No: _____ Date Paid: _____

Staff Signature: _____ Date Processed: _____

Class Hours: Monday	5:30 p.m. to 9:30 p.m. (Instructional)
Tuesday	5:30 p.m. to 9:30 p.m. (Instructional)
Wednesday	5:30 p.m. to 9:30 p.m. (Instructional)
Thursday	5:30 p.m. to 9:30 p.m. (Instructional)
Friday	5:30 p.m. to 9:30 p.m. (Instructional)
Saturday	9:00 a.m. to 11:00 a.m. (Exam)