



**REGISTRATION FORM**

**Blossom Nursing Assistant Training School**

**24860 Pacific Hwy S Suite- 103**

**Kent, WA 98032**

**Office Phone: 253-945-8232 Fax: 253-503-0825**

**www.blossomcna.com**

**APPLICANTS NAME:**

**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/ State/ Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth (MM/DD/YYYY)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Hispanic (Circle One):** 1. Hispanic Origin    2. Not of Hispanic Origin    3. Blank (Unknown)

**Race (Check One):**

- |                                     |  |
|-------------------------------------|--|
| 1. White/Caucasian                  | 5. Hawaiian Native or other Pacific Islander |
| 2. Black/ African American          | 6. Multi- Racial                             |
| 3. American Indian or Alaska Native | 7. Other                                     |
| 4. Asian                            | 8. Unknown                                   |

**Gender:** M \_\_\_\_\_ F \_\_\_\_\_ Blank \_\_\_\_\_ (Unknown)

**Disability (Circle One):** 1. Yes    2. No    3. Unknown

**Veteran Status:** Served, but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard. (Circle One):    1. Yes    2. No    3. Unknown

**Prior Education:** Select the highest education level before enrolling in the program (Circle One):

- |   |                              |
|---|------------------------------|
| 11. Less than high school diploma                   | 16. Associate's Degree       |
| 12. GED   | 17. Bachelor's Degree        |
| 13. High School Graduate                            | 18. Master's Degree          |
| 14. Some post high school, no degree or certificate | 19. Doctoral Degree or above |
| 15. Certificate (less than two years)               | 20. Other                    |
|   | 21. Prior education unknown  |

**Applicant Signature** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**Class Start Date:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_

(Circle one): Day/Evening/Weekend