



Food School Registration Form

Course Description: TX DSHS License #99 class curriculum.

Please bring this completed form with you the day of class for registration.

Please bring payment of \$15 (exact change preferred) or money order made payable to Net Health.

Class Location: TJC West Campus – RTDC Building – 1530 SSW Loop 323, Tyler, TX (Next to Rudy’s BBQ)

➤ Food Worker Two (2) Hour Training Course

- Cost: **\$15.00 (non-refundable)**
- Class Times: **Please arrive at least 1 hour early for registration.**
 - **AM Class** → 9:00 AM – 11:00 AM ; OR
 - **PM Class** → 2:30 PM – 4:30 PM
- Language Schedule: English and Spanish Food Worker Classes are taught every month.
- **What language would you like to take?** English ____ Spanish ____
- **Would you like to take the AM or PM class?** AM ____ PM ____
- **Please initial beside the date you are registering for:**

May 8, 2017 _____	September 11, 2017 _____
June 12, 2017 _____	October 9, 2017 _____
July 10, 2017 _____	November 13, 2017 _____
August 14, 2017 _____	December 11, 2017 _____

➤ Food Worker Two (2) Hour Onsite Training Course – Call 903-535-0037

- **PRIOR APPROVAL IS REQUIRED TO SCHEDULE AN ONSITE TRAINING CLASS.** Please call (903) 535-0037.
- On-site English classes are available Monday through Friday. There is a minimum of twenty (20) students per class.
- **SCHEDULE:** We ask that you give us a two week advance notice. Each location will need to be evaluated for feasibility and approval. Contact the Environmental Health Department if you are interested in scheduling an on-site class. Email: foodschool@netphd.org
- **REGISTRATION:** Once a date and location have been confirmed, please submit a printed/typed roster and payment one week prior to the class.
- **PAYMENT:** Pre-payment is required. The cost for us to bring the class to you is \$20.00 per student. Payment is non-refundable.

OFFICE USE ONLY: **Amount Paid:** \$ _____

Payment Type: Money Order #: _____ Cash ____ **Receipt #:** _____

Invoiced for future payment (FW ONLY): _____ **Organization to be invoiced:** _____

Received by: _____ **Date:** _____ **Entered onto server by:** _____ **Date:** _____

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Registration: Please print clearly and legibly.

Last Name (Apellido):	First Name (Nombre):

Home Address (Direccion):

City (Ciudad):	State (Estado):	Zip Code (Codigo):

Home Phone (Telefono de Casa):	Cell Phone (Celular):

Driver's License Number for CFM (Numero de Licencia):	Date of Birth (Fecha de Nacimiento):	Gender (Sexo):
		<input type="checkbox"/> M <input type="checkbox"/> F

Email Address (Direccion de Correo Electronico):

Place of Work (Negocio de Comida Donde Trabaja):	Work Phone (Numero de Telefono):

Work Address (Direccion):

City (Ciudad):	State (Estado):	Zip Code (Codigo):

Traditional Classroom - Class Location:

TJC West Campus – RTDC Building
 1530 SSW Loop 323
 Tyler, TX
 (Next to Rudy's BBQ)

**For A.D.A. Disability, interpreter/reader, or alternate native language needs, please contact our office at least 2 months in advance in order for us to prepare the necessary accommodations.

Signature

Date