



New Student Application for Enrollment
Residential & In-Home Care Training in Union City, CA
 New Haven Adult School | SACC & MACC | Provider's Friend Health Education



Please <input checked="" type="checkbox"/> the time you want to attend the training		<input type="checkbox"/> Mar 27th Mon-Thur 9:30-3:00pm		<input type="checkbox"/> Jun 7 th Evening/Online Hybrid		
Today's Date		NHAS Student #		<input type="checkbox"/> Jun 12 th Mon-Thur 10:30-2:30 pm		
First Name			MI	Last Name		
Address					Apt #	
City		State	Zip Code			
DOB (mm/dd/yy)		Home Phone		Cell Phone		
Sex (M/F)		Email Address				
Primary Language(s) spoken						
Are you a current student at a local adult school or community college? If so, which one?						
What class(es) have you taken at Adult School or Community College in Alameda County in the last 12 months?						
Why are you interested in taking the Residential & In-Home Care Training Course?						
Do you have a US social security number AND are you legally able to work in the United States? Proof of eligibility is required for the FEE WAIVER only.						
Upon completion of this training are you interested in working part-time, full-time or both?						
Upon completion of this training what days and hours would you like to work?						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Upon completion of this training what type of client(s) would you like to give care to?						
Group Homes with youth ages 5-22 years old			Adult Residential Care with clients 18-60 years old			
Elder Care Residential homes with clients 61+ years old			In a private home			
What are your work goals for the future? Where would you like to be in the next five years?						
Signature						

Return completed form to: Michelle Walker-Wade at New Haven Adult School
Drop-Off or Mail: 600 G Street, Union City CA | **Fax:** 510-471-0554 | **Email:** mwalkerwade@nhusd.k12.ca.us