

TEACHER TRAINING COURSES APPLICATION AND REGISTRATION FORM

please PRINT your name below exactly as you want it to appear on your Certificate of Completion	
first name middle in	itial last name
home address apt #	citystateZIP
home phone: () cell [optional] () school phone: ()
school name:	school location:
current permit or license:	e:)
previous courses taken: course # month /year	r course # month/ year
1. I hereby register for the Teacher Training Course(s), location(s) and dates indicated below:	
Course I Basic Methods of Occupational Instruction	Location: Dates
Course II Intermediate Communication in the Classroom	Location: Dates
Course III Advanced Class Management	Location: Dates
ESL I Introduction to Teaching ESL	Location: Dates
ESL II Performance Skills Development	Location: Dates
 Coalition (CNYSCS) Member School? □ yes (Tuition & Fees: \$245) □ no (Tuition & Fees: \$320) TUITION & FEES—EFFECTIVE(for courses beginning) SEPTEMBER 1, 2015 	
TERMS AND CONDITIONS	

Tuition and Fees for all courses must be prepaid. Notice of cancellation or transfer must be made at least 24 hours before the scheduled class start. There are <u>no refunds or credit</u> once classes have begun.
 Each participant must complete the full 30 clock hours of the course. No makeup is permitted for the first

session of any course. At the Coalition's discretion, one absence for a later session may be made up within one year of the date of absence. Makeup class tuition is \$50.

3. Certificates of completion will be issued only upon satisfactory completion of all classes, coursework, exams and assignments and full payment of tuition and fees. Failure to meet all requirements may result in a failing grade and require repetition of the course at full fee.

4. In the event of insufficient enrollment, courses may be canceled prior to the scheduled start date.

5. Each class meets for 7½ instructional hours between 8:00 a.m. and 5:00 p.m. unless otherwise scheduled.

3. I have read, understood and agree to abide by the above terms and conditions:

Signature _____

_____ Date: _____HOW TO

COMPLETE YOUR REGISTRATION BY MAIL

- → Complete and sign this registration form. You may fax the form to 347 475-0495.
- → Payment must be made by check or money order payable to COALITION Teacher Training
- → Mail form and payment to: Coalition Teacher Training Dept, c/o Mitchell, 86-75 Midland Parkway, 4L, Jamaica Estates, NY 11432.

→ Upon receipt, you will be sent a confirmation of your registration listing exact times and school address.