



# ABUNDANT SCHOOL

## PRE ENROLLMENT QUESTIONNAIRE

### PLEASE PRINT

Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Are you presently attending school? (Please check)**

Yes  No

Name of School: \_\_\_\_\_

What Grade are you in? (**Please circle one**) Senior in High school, College/University,

Technical School

Other \_\_\_\_\_



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*(Please check one of the Early Childhood programs you are interested in)*

## Education

- Professional Certified Nanny
- Child Development Associate (CDA Dual Certificate in Preschool & Infant/Toddler)
- Early & Elementary Education Certification
- Teachers Assistant
- Substitute Teacher
- Infant Care & Wellness Specialist/Infant Nanny (Mini Program)
- In the Business of Family Childcare “Start your own Daycare”

OR

*(Please check one of the Allied Health Programs you are interested in)*

## Allied Health Care:

- Phlebotomy/EKG Technician Certification (combo)
- Patient Care/ Multi- Skills Technician (4 Cert.) PCT, CNA, EKG & Phlebotomy (**pending**)
- EKG & Telemetry Technician Certification
- Certified Cardiovascular Technician (**pending**)
- Certified Pharmacy Technician
- Phlebotomy Technician Certification
- Clinical Medical Assistant (5 Cert.) CMA, EKG, Phlebotomy, EHR & ICD 10
- Medical Insurance Billing/ICD 10 with EHR (2 Cert)
- Certified Billing and Coding Specialist Exam Prep
- Certified Nurse Aide (CNA)
- Phlebotomy Certification Exam Prep



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**Are you currently any of following (Please circle one)**

Childcare provider      Nanny      Teachers Assistant      Babysitter

Health Care Professional      Allied Health employee      other

**Employment (circle)**

Currently employed      not employed      **if employed seek:** Part Time      Full time

**Will you require job placement assistance upon completion of program (circle)**

Yes      No

**Degrees or certifications**

Degree      High School Diploma      GED Equivalency      Other \_\_\_\_\_

**Preferred schedule (Circle)**

Morning:      Evening:      Weekday:      Weeknight/Weekend Day:

**When are you interest in starting (Circle first Choice)**

Jan, Feb, March, April, May, June, July August, Sept, Oct, Nov, Dec,

**When are you interest in starting (Circle second choice)**

Jan, Feb, March, April, May, June, July August, Sept, Oct, Nov, Dec,

**What do you qualify for (Circle)**

**Private** (Self –Pay)      **Scholarship** (Must meet eligibility requirement)      **Local one Stop & Career Center**  
(WIA, WIA TANF)

**Division of Rehabilitation Services** (Disability DVRS)      **Veterans Program**

**How did you hear about The Abundant School (Circle)**

Google,      Yahoo,      Bing,      Internet,      Television,      Radio,      Friend,

Referral,      Newspaper/print      other student