



REGISTRATION FORM

**Blossom Nursing Academy
24437 Russell Road Suite-108
Kent, WA 98032**

Office Phone: 253-945-8232 Fax: 206-592-2983

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 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | |
|--|------------------------------|
| 11. Less than high school diploma <input type="checkbox"/> | 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