



"Health is not a flower that you pick; it is a path that you must follow."

**Individual Class Registration Form
For Non-Diploma Students**

(Please print in ink)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Course Name: _____

Date of Class: _____

Method of Payment: Cash _____ Check _____ Money Order _____ Credit Card _____

Credit Card Number: _____ Exp. Date: _____

Card Holder Name: _____

Signature: _____

The above information is correct and I have enclosed my payment. I have read the school catalog and understand the policies and procedures. I also understand there are no refunds.

Signed: _____ Date: _____

Address: _____

Phone: _____

Send your application and make Payment to:

NITE

503 E Broadway St., Mt. Pleasant MI 48858

(989) 773-1714 / Fax: (989) 775-7319

Please call our Business Office at 989-773-1714 with any questions.