



Montgomery County Fire Academy



Student Registration Form

Email: Cynthia.Myers@MontgomeryCountyPa.gov

Fax: 610-278-3499

Full Name: _____
First Middle initial Last

Home Address _____
Number & street name City State Zip

Date of Birth ___/___/___ (required) **FEMA SID** _____ (required)
M D YY

Student ID _____ (required) **EMT#** _____
first three letters last name & last four SSN

Fire Company Date Joined ___/___/___ (required) **Rank** _____ (required)
M D YY

I certify to the best of my knowledge that the above information is correct, and I also meet pre-requisites and age requirements for this course. I also understand that any falsification of information may lead to my registration being rejected. I am aware that my picture may be taken while attending class and used in print or electronic form.

Student Signature (and Parent Signature if student under 18):

Student Email _____ Update address, phone or email

*Students are emailed confirmations when their registration has been processed.

Phone: _____
during business hours

Course Information:

Name of course: _____ MCFA Course #: _____

Only one course per form.

Start Date: ___/___/___ Fee: \$ _____
M D Y

Payment Authorization: Make checks payable to: **Montgomery County Treasurer**

Student pays _____ Check # _____ Money order # _____

Voucher/Purchase Order # _____ (officer initials)

Charge company account _____ (officer initials)

Company Authorization: I certify that the above student meets the prerequisites and age requirements to attend this course, has working papers, and is covered by my company's Worker's Compensation policy while attending this training course.

Signature _____ **Title:** _____

Print Name: _____

Contact info: _____

Email & phone #

Name of Fire Company, Ambulance Squad, etc: _____

Montco # _____ **Out of County #** _____ **County** _____

Mailing Address: _____
Street address/PO Box City State Zip

Municipality: _____