



# Montgomery County Fire Academy



## Student Registration Form

Email: [cmyers@montcopa.org](mailto:cmyers@montcopa.org)

Fax: 610-278-3499

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

Home Address \_\_\_\_\_  
Number & street name City State Zip

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (required) EMT# \_\_\_\_\_  
M D YY

Student ID \_\_\_\_\_ (required)  
first three letters last name & last four SSN

I certify to the best of my knowledge that the above information is correct. 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: \_\_\_\_\_

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 Worker's Compensation policy while attending this training course.

Signature \_\_\_\_\_ Title: \_\_\_\_\_

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

Email or  
Contact info: phone \_\_\_\_\_

Name of Fire Company, Ambulance Squad, etc: \_\_\_\_\_

Montco # \_\_\_\_\_ Out of County # \_\_\_\_\_ County \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street address/PO Box City State Zip

Municipality: \_\_\_\_\_

Mail to: Montgomery County Fire Academy  
ATTN: Registrar  
1175 Conshohocken Rd  
Conshohocken, PA 19428