

**SENIOR AIDE/WORKER'S PROGRAM
TRAINING ENROLLMENT INFORMATION**

Name of Senior Participant: _____

Name of School or Training Institution: _____

Address: _____ **City/Town:** _____

State and Zip Code: _____

Name of Class: _____

Name of Instructor (s): _____

Cost of Training: _____

Cost of Supplies and Books: _____

CLASS SCHEDULE

Monday From: _____ To: _____ **Tuesday** From: _____ To: _____

Wednesday From: _____ To: _____ **Thursday** From: _____ To: _____

Friday From: _____ To: _____

(Participant Signature)

(Date)

(Instructor's Signature)

(Date)

Senior Program: _____
(To be entered by Senior Employment Program Staff)