



INTENT TO CONTINUE PARTICIPATION

Date _____

Dear Nursing CAP, Inc.,

I, _____, confirm my formal intent to renew my participation in the Nursing CAP Inc. program through the 20__ - 20__ calendar year.

By signing below, I understand that all agreements I made with Nursing Cap, Inc. through my signatures on my initial application remain in full force and effect.

UPDATED INFORMATION

Emergency Contact Information:

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

What grade are you in? _____

What are your current classes?

Class	Class

Sincerely,

Parent or Legal Guardian Printed Name: _____

Student Printed Name: _____

Electronic Signature Agreement. By typing your name, you are signing this Agreement electronically. You agree your typed signature is the legal equivalent of your manual signature on this Agreement.