



203-792-1333  
 Barbarie Square  
 45 Padanaram Road  
 Danbury, CT 06811  
 www.ThayerDriverEd.com

# Adult 8hr Safe Driving Practices

**Fees:**

- Eight -hour Safe Driving Practices course \$ 99.00
- Optional – services available**
- Pick up Driving hours \$ 75.00 each
- Purchase 4 hrs in advance \$70ea \$280.00
- Driving hours Starting at Thayer’s \$ 65.00 each
- Testing @DMV** (We will provide our car @Danbury DMV for use at your driving test appointment. You must take 4 driving hours with us before you can use our car @DMV) \$ 90.00

**Return Registration Form & Credit Card # to:** Herzog Thayer Driver Education Center  
 Visit our website at [www.ThayerDriverEd.com](http://www.ThayerDriverEd.com)

**CLASSES MUST BE COMPLETED WITH IN 3 MONTHS OF THE FIRST CLASS ATTENDED**

**\*\*Classes are held on Sundays 8AM - 12PM. You must attend two Sundays in a row to complete the program.\*\***

**Start Date:** \_\_\_\_\_ **Permit #** \_\_\_\_\_ **Permit Date:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**STREET:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

<b>REMINDER: Payment in full is due at time of registration</b>	<b>FEES</b>	<b>PAID</b>
Class	\$ 99.00	<input type="checkbox"/>
_____ Optional driving hours P/U @ \$75 per hour or \$65.00 at our school:	\$	<input type="checkbox"/>
Purchase 4 driving hours in Advance - \$70 and hours = 280.00	\$ 280.00	<input type="checkbox"/>
Use of our Car for Testing @DMV - Danbury	\$ 90.00	<input type="checkbox"/>
<b>TOTAL PAID:</b>		

CASH     CREDITCARD     DEBITCARD    ACCOUNT #:

EXP:

**Cash or Charge only – NO CHECKS**

# HERZOG THAYER DRIVER EDUCATION CENTER

www.ThayerDriverEd.com

Phone 792-1333/Fax 792-1332

## ADULT DRIVING AGREEMENT

This health information must be returned before you have your first driving hour.

I (Student's name) \_\_\_\_\_ understand that all scheduled driving times must be kept and that failure to keep a scheduled appointment without 24 hours advance notification will result in a charge of \$35.00 per hour. In addition, I understand that all classes and driving hours must be completed within 3 months of Registration for 8 hr. Safe Driving Practices Program.

Signature	Telephone Number	Date
Print Name		

1) Please check below any handicaps or limitations that you may have:

Serious illness	<input type="checkbox"/>	Heart condition/murmur	<input type="checkbox"/>
Hearing problems	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>
Vision problems	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Fainting	<input type="checkbox"/>
Handicapped	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>

If you have checked "Yes" to any of the above, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Do you take any medication regularly?  Yes  No

If yes, what is it? \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_