

American Red Cross
 Health and Safety Department
 2227 Atlantic Blvd
 Commerce, CA 90040

**Nurse Assistant/Home Health Aide
 Training Program**

Student Registration and Enrollment Agreement
 (A non-refundable pre-registration fee must accompany this agreement)

Last Name:		First Name:		MI:	
Mailing Address:					
City:		State:		Zip:	
Ph: Home (_ _ _) _ _ - _ _ _ _			Ph: Cell (_ _ _) _ _ - _ _ _ _		
Gender:	Male _____ Female _____				
E-mail:					
How did you hear about the Course?					
Are you a least 16 years old?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever had experience working in a sub-acute care or chronic facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently employed as a Nurse Assistant?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			If yes, where? _____		
Do you read and/or understand English?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you read at a 5th grade level or higher?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted by any court of law of a crime other than a minor traffic violation?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you, have you been previously cleared of prior convictions by California Department of Public Health (CDPH)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
In case of emergency, who should be contacted?			Name:		
Relationship		Phone (_ _ _) _ _ - _ _ _ _			

"Any questions or problems concerning this school which have not been satisfactorily answered or resolved by the school should be directed to the California of Public Health Attn: TPRU 1615 Capitol Avenue P. O. Box 997416, Sacramento, California 95899-7416."

B. This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read understand it and that you have been given: (a) a written statement of the refund policy including example of how it applies and: (b) a catalog including a description of the course including all material facts concerning the school and the course of instruction which are likely to affect your decision to enroll. Keep your copy of this agreement.

C. This agreement is for (please indicate which course and location):

"Nurse Assistant", a 22 day course, in English only, of intense instruction designed to prepare the student for a career as a Nurse Assistant and to qualify to take the State Competency Test to be a Certified Nurse Assistant (CNA). A total of 171 clock hours are required to complete the program.

"Home Health Aide Training Program", a 42 ½ hour course, in English only, for Certified Nurse Assistant, designed to prepare the student to provide quality care to clients in their homes. Upon completion, student will qualify to be a Certified Home Health Aide.

COURSE LOCATION

Antelope Valley Chapter
2715 E, Avenue P.
Palmdale, CA 93550

Central East Los Angeles
2227 S. Atlantic Blvd
Commerce, CA 90040

Glendale Valley Chapter
1501 S. Brand Blvd
Glendale, CA 91204

Inland Empire Chapter
202 West Rialto Avenue
San Bernardino, CA 92408

Long Beach Chapter
3150 East 29th Street
Long Beach, CA 90801

Santa Monica
1450 11st Street
Santa Monica, CA 90401

South Bay Regional
1995 W. 190th Street
Torrance, CA 90503

West San Fernando Valley
6800 Owensmouth Ave#140
Canoga Park, CA 91405

Orientation Date of desired class: _____

D. BUYER'S RIGHT TO CANCEL: The Student has a right to cancel this enrollment agreement and obtain a refund you may cancel this enrollment agreement and received a refund by providing a written notice to Timothy Archuleta, Health and Safety Officer, American Red Cross- Greater Los Angeles, 11355 Ohio Avenue Los Angeles, CA 90025

E. NAT REFUND INFORMATION: The student has a right to a refund, less the first \$300 of Course fee, not including the initial deposit of \$100 which is not refundable after the first day of training. In addition, the students who have completed 60 percent or less of the course may withdraw from a course after instruction has started and receive a pro rata refund for the unused instruction. For example, if the student completed only 40 hours of a 160 hours course, and paid \$800.00 Course fee, the student would receive a refund of \$600.00

For example:

\$800	X	120 clock hours of instruction	=	\$600
Amount paid		paid for but not received		refund
For instruction		160 clock hours of instruction		Amount
		for which the students has paid		

If the school cancels or discontinues the course, the school will make a full refund of all charges. A scheduled course may be cancelled by the American Red Cross if less than six (6) students are registered. Refunds will be paid within 30 days of cancellation or withdrawal.

NOTICE

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSE WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF, RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

G. FEES AND CHARGES: The Student is responsible for the following fees and charges:

	Nurse Assistant Training (NAT)	Home Health Aide Training (HHA)
Pre-Registration (non-refundable)	\$100.00	\$100.00
Course fee	\$1,400.00	\$300.00
Total	\$1,500.00	\$400.00

(Methods of payment accepted)

Money Order, Credit card, Cashier check

No personal checks or cash accepted

THE TOTAL AMOUNT FOR ALL FEES CHARGES, AND SERVICES THE STUDENT IS OBLIGATED TO PAY FOR THE COURSE: NAT-\$1,500.00 HHA-\$400.00. If all fees and charges are not paid in full, the student will not be allowed to take the final course examination to qualify for a Red Cross Certificate of Completion.

H. AGREEMENT: My signature below certified that I have read, understand, and agree to my rights and responsibilities and that the American Red Cross of Greater Los Angeles cancellation and refund policies have been clearly explained to me.

X _____
Signature of Student (Parent/Guardian if student is under 18 years of age) Date

This agreement is not operative until the student make an initial visit to the training site and receives an orientation and thorough tour on the Registration/ Interview Day.

My Signature below certifies that I have completed an Orientation for the course.

X _____
Signature of Student (Parent/Guardian if student under 18 years of Age) Date

I certify that the American Red Cross of Greater Los Angeles has met the disclosure requirements of Education of the California Department of Public Health (CDPH).

Signature of Director, Health Services Date

This agreement is accepted by _____
Signature of School Representative Date

HOLD HARMLESS AGREEMENT

I AGREE: To release and hold harmless the Health Care Facility/Agency, which provides my clinical experience, its employees and clients, and the American Red Cross, from my misconduct or accident that occur as a result of my participation in the American Red Cross Nurse Assistant or Home Health Aide Training Course.

X _____
Signature of Student (Parent/Guardian if student is under 18 years of age) Date

Indicate Amount Enclosed: \$ _____

<input type="checkbox"/>	NAT Course	Location _____	Starting Date _____
	\$100.00	Pre-Registration Fee	\$100.00 Required for pre-registration
	\$1400.00	Course fee (Book, CPR, 2	\$_____ Partial or Total Amount
Total	\$1500.00	Uniform, Stethoscope, Blood Pressure Cuff	\$_____ Total Amount Enclosed

<input type="checkbox"/>	HHA Course	Location _____	Starting Date _____
	\$100.00	Pre-Registration Fee	\$100.00 Required for pre-registration
	\$300.00	Course fee (Books included)	\$_____ Partial or Total Amount
Total	\$400.00		\$_____ Total Amount Enclosed

(Methods of payment accepted)
Money Order, Credit card, Cashier check
No personal checks or cash accepted

Make Money Order or Cashier Check payable to American Red Cross.

MAIL TO:

American Red Cross
Health and Safety Department
2227 Atlantic Blvd
Commerce, CA 90040
Attention: Call Center

This document will be retained in the students' record for five years

Credit/Debit Card#: _____

Name (As it appears on card): _____

Type of Card: (VS, MC, AMX, DSCV) _____

Exp. Date: ____ - ____

C V V 2 #: ____ } 3 or 4 digit number required for Visa, MasterCard, American Express, and Discover

You may also fax your application **(323)780-7664 with Credit/Debit** payment