

American Red Cross of Greater Long Beach
Health and Safety Department
3150 East 29th Street
Long Beach, CA 90806

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

Student Registration and Enrollment Agreement

(A non-refundable pre-registration fee must accompany this agreement)

A. Name: _____ Sex Male Female
Last First Middle

Address: _____ Daytime:
Phone:(H) () _____
City State Zip Code (W) () _____

Email: _____

1. How did you hear about the course? _____

2. Are you at least 16 years old? Yes No

3. Have you ever had experience working in a sub-acute
Care or chronic care facility?

4. Are you currently employed as a Nurse Assistant?
If yes, where?

5. Do you read and/or understand English?

6. Do you read at a 5th grade level or higher?

7. Have you ever been convicted by any court of law
of a crime other than a minor traffic violation?

If yes, have you been previously cleared of prior convictions
By California Department of Public Health (CDPH).

8. In case of emergency, who should be contacted?
Name: _____ Relationship _____

Daytime 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 (CDPH) 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

America Red Cross- Greater Long Beach
3090 East 29th Street
Long Beach, CA 90806

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 Cindy Martinez, Health and Safety Director, American Red Cross- 3150 E 29th Street ,Long Beach, CA 90806.

E. NAT REFUND INFORMATION: The student has a right to a refund, less the first \$300 of tuition, 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 tuition, 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.

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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
Tuition	\$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 Long Beach 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 Long Beach 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	Tuition (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	Tuition (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-Greater Long Beach
 Health and Safety Department
 3150 E 29th Street
 Long Beach, CA. 90806
 Attn: Cindy Martinez

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