**A close up of a logo

Description automatically generated**

**S&H Training Center, Inc.**

**Student Registration Form**

Complete the form below and mail, email or fax with payment or payment authorization to:

S&H Training Center, Inc.

921 Lakeridge Way SW #100

Olympia, WA 98502

Email: sarah@sandhtraining.com

Fax: 360-339-4476

**STUDENT INFORMATION**

**Last name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MI**: \_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_ **Zip**: \_\_\_\_\_\_\_

**County**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**: \_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MM/DD/YYYY

**Have you earned a High School Diploma or GED?**  Yes  No

If yes, what school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What year? \_\_\_\_\_\_\_  
 If no, you are required to take an English competency test before enrolling in the CNA or HCA classes.

**Class(es) you wish to register for** (check all that apply):

Certified Nursing Assistant $745 \*  
 (includes BLS, First Aid and HIV/AIDS)

Home Care Aide $550 \*  
 (includes Orientation & Safety,   
 Core Basic, Dementia, Mental Health,  
 and skills)

Dementia Level 1 $80

Mental Health Level 1 $80

Nurse Delegation Core $50

Nurse Delegation Diabetes $50

Continuing Education Units (12) $80

Orientation & Safety Training $50

HIV/AIDS Training $80

BLS Healthcare Provider $65

Heartsaver First Aid $65

HCA Skills Refresher $250

\*Requires a $200 deposit at time of registration, the rest is due the first day of class

**Payment Information**

**Option 1: Check**

Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Option 2: Credit Card**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S&H Training Center, Inc. Credit Card Authorization Form** | | | | | | |
| **Name as it appears on card:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Type of card:**  Amex  Discover  Master Card  VISA  MM/YYYY | | | | | | |
| **Credit Card #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Billing Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **State:** \_\_\_\_\_\_\_\_\_ | | **Zip Code:** \_\_\_\_\_\_\_\_\_ | | |
| **Phone:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **AUTHORIZED USER OF CREDIT CARD** | | | | | | |
| **Name:** S&H Training Center, Inc. | | | | | | |
| **Phone Number:** 360-539-7423 | | | | | | |
| **Relation to Card Owner**: Service Provider | | | | | | |
| **Type of Charges:** Training services tuition and deposits | | | | | | |
| **Authorized Amount:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **AUTHORIZATION OF CARD USE** | | | | | | |
| I certify that I am the authorized holder and signer of the credit card referenced above.  I certify that all information above is complete and accurate.  I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the “AUTHORIZED AMOUNT” field. If additional charges are going to be authorized a new form will have to be completed. | | | | | | |
|  | | | | | | |
| SIGNATURE |  | | | | DATE |  |

**Option 3: Third Party** (e.g. VA, Voc. Rehab., L & I, Work Source, Employer)

List third party payer company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Contact person name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact person phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Option 4: Cash**

Please do NOT mail cash. Stop by the office if you wish to pay with cash, and please have exact amount.

**CNA ENROLLMENT AGREEMENT**

**S&H Training Center, Inc**

**921 Lakeridge Way SW #203  
Olympia, WA 98502**

**360-539-7423**

**www.SandHtraining.com**

This enrollment agreement is between the above named school and:

Student Name: Telephone:

Physical Address: City: State: Zip:

Start date: Completion date:

Program consists of: 4 weeks x 30-31 hours/week = 123 total hours

The school agrees to provide the following training: Certified Nursing Assistant Course

(Course or program title)

**COST:**

|  |  |
| --- | --- |
| Registration Fee | $50.00 |
| Tuition | $620.00 |
| Books and other printed materials | $45.00 |
| Scrub top (dark green) | $15.00 |
| Gait belt | $15.00 |
| TOTAL | $745.00 |

**METHOD OF PAYMENT:**

I agree that the payment of program costs will be satisfied by (check all that apply):

🞎Cash 🞏Credit Card 🞎 Check 🞏Third Party (e.g. VA, Voc. Rehab., L & I, Employer)

List third party payer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Down Payment | $200.00 |
| Remaining Amount Due by first day of class | $545.00 |

**AGREEMENT NOTICE:**

This agreement will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of the school prior to the time instruction begins.

**CHANGES TO AGREEMENT NOTICE:**

Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student, or student’s parent or guardian if he/she is a minor.

**EFFECTIVE DATE OF ACCEPTANCE:**

I certify that I have read and understand the cancellation policy and the complaint procedure; I have received a copy of the school catalog or brochure; and I am entitled to an exact copy of this Enrollment Agreement, school catalog, and any other pages I sign.

**CANCELLATION OF CLASSES:**

The school reserves the right to cancel a starting class if the number of students enrolling is insufficient. Such a cancellation will be considered a rejection by the school and will entitle the student to a full refund of all money paid.

**CANCELLATION AND REFUND POLICY:**

1. The school must refund all monies paid if the applicant is not accepted. This includes instances where a starting class is cancelled by the school.
2. The school must refund all monies paid if the applicant cancels within five business days (excluding Sundays and holidays) after the day the contract is signed or an initial payment is made, as long as the applicant has not begun training.
3. The school may retain an established registration fee equal to ten percent of the total tuition cost, or one hundred dollars, whichever is less, if the applicant cancels past the fifth business day after signing the contract or making an initial payment. A registration fee is any fee charged by a school to process student applications and establish a student record system.
4. If training is terminated after the student enters classes, the school may retain the registration fee established under (3) of this subsection, plus a percentage of the total tuition as described in the following table:

|  |  |
| --- | --- |
| **If the student completes this amount of training:** | **School may keep this percentage of tuition:** |
| One week or up to 10%, whichever is less | 10% |
| More than one week (or 10%), whichever is less, but less than 25% | 25% |
| 25% through 50% | 50% |
| More than 50% | 100% |

1. When calculating refunds, the official date of a student’s termination is the last day of recorded attendance:
   1. When the school receives notice of the student’s intention to discontinue the training program; or,
   2. When the student is terminated for a violation of a published school policy which provides for termination; or,
   3. When a student, without notice, fails to attend classes for thirty calendar days.
2. All refunds must be paid within thirty calendar days of the student’s official termination date.

**NOTICE TO BUYER:**

Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal instrument. All pages of this contract are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign, and are required to sign a statement acknowledging receipt of those.

**CANCELLATION OF CONTRACT:**

If you have not started training, you may cancel this contract by submitting written notice of such cancellation to the school at its address shown on the contract. The notice must be postmarked no later than midnight of the fifth business day (excluding Sundays and holidays) following your signing this contract; the written notice may also be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the applicant.

**UNFAIR BUSINESS PRACTICES:**

It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student or his/her financial sponsors if he/she is a minor, and a written statement notifying all parties that the cancellation and refund policy continues to apply.

**CERTIFICATION:**

I certify that I read and understand the cancellation and refund policy and the complaint procedure; I received a copy of the school catalog and I am entitled to an exact copy of this enrollment agreement, school catalog, and any other papers I sign.

**Student:**

Please print

Signature Date

**Parent or Guardian** (if the student is under 18 years of age)**:**

Please print

Signature Date

**Authorized School Representative:**

**As the authorized representative of the school, I hereby agree to the conditions set forth herein.**

Please print

Signature Date

This school is licensed under Chapter 28C.10 RCW. Inquiries or complaints regarding this private vocational school may be made to:

Workforce Training and Education Coordinating Board

128 – 10th Avenue SW

Olympia, Washington 98501

Phone: 360-709-4600 Email: pvsa@wtb.wa.gov Web: wtb.wa.gov

**NOTICE OF FINANCIAL OBLIGATION**

**S&H Training Center, Inc**

**921 Lakeridge Way SW #203  
Olympia, WA 98502**

**360-539-7423**

**www.SandHtraining.com**

Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under Chapter 28C.10 RCW. One copy of this notice bearing original signatures must be attached by the school as addenda to that individual’s enrollment agreement, as well as a copy provided to the enrollee by the school.

**ACKNOWLEDGMENT BY ENROLLEE**

1. I understand and accept that any contract for training I enter into with the above named school contains legally binding obligations and responsibilities.
2. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.
3. I understand that any enrollment contract I enter into will not be binding or take effect for at least five days, excluding Sundays and holidays, following the last date such a contract is signed by the school and me, provided that I have not entered classes.

Name:

Signature:

Dated this: day of , 20

**ACKNOWLEDGMENT BY SCHOOL**

Prior to being enrolled in this school, the applicant whose name and signature appears above has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen occupation.

Name:

Title:

Signature:

Dated this: day of , 20

**STUDENT COMPLAINT NOTICE**

**S&H Training Center, Inc**

**921 Lakeridge Way SW #203  
Olympia, WA 98502**

**360-539-7423**

**www.SandHtraining.com**

**HOW TO FILE A COMPLAINT**

Washington law requires private vocational schools to inform students how to file a complaint. By signing this form you acknowledge this process has been explained to you. Below are the next steps the school must take in discussing this policy with you, along with information about the complaint process.

**DISCUSSION ABOUT COMPLAINT POLICY REQUIRED**

First, a school representative must discuss the school’s complaint policy with you. Following this discussion, you will be provided with this attachment to sign. After you sign this form, the school will give you a copy for your personal records. The school will also keep a copy on file.

**ACKNOWLEDGMENT OF COMPLAINT PROCESS BY STUDENT**

1. The school has described the grievance and/or complaint policy to me.
2. I understand that the policy can also be found in the school catalog.
3. I know I should first try to resolve a complaint or concern with my instructor or school administrator.
4. I understand nothing prevents me from contacting the Workforce Board at 360-709-4600 at any time with a concern or complaint, and complaint forms are: <http://wtb.wa.gov/PCS_Complaints.asp>.
5. I understand that I have one year to file a complaint from my last date of attendance.
6. I further understand that in the event of a school closure, I have 60 days to file a complaint.
7. I also understand that complaints are public records.
8. Finally, I acknowledge that details about the complaint process, my rights, and any restrictions on the time I have to file a complaint can be found at <http://wtb.wa.gov/PCS_Complaints.asp>

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated this: day of , 20

**ACKNOWLEDGMENT BY SCHOOL**

Prior to being enrolled in this school, the applicant, whose name and signature appear above, has been made aware of the school’s complaint policy.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:

Dated this: day of , 20

**STUDENT CLINICAL AGREEMENT**

**S&H Training Center, Inc**

**921 Lakeridge Way SW #203  
Olympia, WA 98502**

**360-539-7423**

**www.SandHtraining.com**

The purpose of this agreement is to provide a clinical learning experience for all students enrolled in the state approved Nursing Assistant Training Program #.

S&H Training Center, Inc. will provide NAC instructors for educational purposes only, and as such are not to be considered employees or agents of the health care facility.

**This agreement is to be governed by the following conditions.**

S&H Training Center, Inc will:

* Coordinate with health care facility a mutually agreed upon training schedule.
* Accept only students who meet health standard policies established by state and federal regulatory bodies.
* Maintain student academic records.
* Require students to conform to applicable health care facility policies, procedures and regulations.
* Maintain and make available to health care facility student name, address, telephone number and all other reasonable information about the program and students.
* Develop an overall evaluation of the student’s clinical performance through direct supervision and conferences with health care facility staff.
* Ensure that instructors and students maintain the confidentiality of patient information.

The Health Care Facility will:

* Not ask students to perform procedures in which they have not been trained.
* Make available sufficient clinical experience to help develop entry-level employment skills for students.
* Provide information and/or access to information to further the student’s education as a Nursing Student.
* Report infractions of any facility policies and procedures to training instructor.
* Comply with OSHA/WISHA standards for the control of blood borne pathogens and the disposal of biohazardous waste.
* Provide to students necessary emergency medical care for accidents occurring in its facility, while student is receiving training. (Except as provided herein, health care facility shall have no obligation to provide medical or surgical care to any students.)

Students will:

* Attend all clinical days, and be on time.
* Not replace regularly employed personnel.
* Provide services to facility residents as part of the clinical educational experience.
* Be removed from an assignment or from the facility by mutual agreement of the training instructor and health care facility.
* Adhere to all health care facility policies and procedures.
* Arrange for own transportation, meals and living arrangements.
* Maintain financial responsibility for emergency medical care received during the training experience.
* Maintain the confidentiality of patient information.
* Be withdrawn immediately if student performance is deemed, by health care facility or training instructor, to be unprofessional or inappropriate, or endangers the health and welfare of residents or employees.

This Agreement shall be effective \_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_. No person shall, on the grounds of age, race, sex, sexual orientation, color, religion, disability, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity included herein.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student

**STUDENT DATA COLLECTION FORM**

The Workforce Board (the state agency that regulates this school) requires that we ask you for this information, by law (RCW 28C.10.050). Providing your social security number is voluntary. By law, the information you provide on this form cannot be given out by any state agency as public information. The Workforce Board will not disclose data to anyone except authorized Workforce Board employees or contractors working on specific research activities, who follow strict confidentiality procedures. This format follows the information required to be submitted by the school as part of the annual student data report.

**S&H Training Center, Inc**

**921 Lakeridge Way SW #203  
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**360-539-7423**

**www.SandHtraining.com**

Last Name: First Name: MI:

Address: City: State: Zip:

Phone Number: Date of Birth: / /

Social Security Number: - -

Race (Check only one box):

White/Caucasian  Asian

Black/African American  Multiracial

American Indian or Alaska Native  Other

Hawaiian Native or other Pacific Islander

\*Are you Hispanic in origin?  Yes  No Sex:  Male  Female

\*Are you disabled?  Yes  No

\*Are you a military veteran?  Yes  No

Highest grade completed:

Less than high school graduation  Certificate (less than 2 years)

High school graduate  Associate degree

GED  Bachelor’s degree

Some post high school, no degree/certificate  Master’s degree or higher

Student Signature Date

School Representative Signature Date