



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 #203A, 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):

- | | | | |
|---|---------|--|------|
| <input type="checkbox"/> Home Care Aide
(DSHS approved 75-hour training) | \$550 * | <input type="checkbox"/> Dementia Level 1 | \$80 |
| <input type="checkbox"/> Nurse Delegation Core
Olympia only | \$50 | <input type="checkbox"/> Mental Health Level 1 | \$80 |
| <input type="checkbox"/> Nurse Delegation Diabetes
Olympia only | \$50 | <input type="checkbox"/> Continuing Education Units (12)
License #: _____
Expiration Date: _____ | \$80 |

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

Training Center Location

- | | | |
|---|--|---|
| <input type="checkbox"/> Olympia
921 Lakeridge Way SW
Olympia, WA 98502 | <input type="checkbox"/> Renton
405 SW 41 st ST #407
Renton, WA 98057 | <input type="checkbox"/> Online – CEUs ONLY |
|---|--|---|

Financially responsible Party

☐ Self Pay ☐ Employer Pay ☐ Third Party Pay (Work Source, VA, Voc. Rehab., L&I)

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: <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> VISA			
Credit Card #: _____		Expiration Date: _____ MM/YYYY	
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 (for example: Your Employer, Work Source, VA, Voc. Rehab., Labor & Industries)

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.

HCA ENROLLMENT AGREEMENT



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360-539-7423

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253-260-4326

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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: 42 online hours + 32 in class hours = 75 total hours

The school agrees to provide the following training: Home Care Aide Course
(Course or program title)

COST:

Registration Fee	\$50.00
Tuition	\$350.00
Books and other printed materials	\$50.00
Online training access	\$100.00
TOTAL	\$550.00

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 Payment Due by skill class	\$350.00

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%

5. When calculating refunds, the official date of a student's termination is the last day of recorded attendance:
 - a. When the school receives notice of the student's intention to discontinue the training program; or,
 - b. When the student is terminated for a violation of a published school policy which provides for termination; or,
 - c. When a student, without notice, fails to attend classes for thirty calendar days.
6. 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: pvs@wtb.wa.gov Web: wtb.wa.gov

NOTICE OF FINANCIAL OBLIGATION



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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



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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

4. The school has described the grievance and/or complaint policy to me.
5. I understand that the policy can also be found in the school catalog.
6. I know I should first try to resolve a complaint or concern with my instructor or school administrator.
7. 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.
8. I understand that I have one year to file a complaint from my last date of attendance.
9. I further understand that in the event of a school closure, I have 60 days to file a complaint.
10. I also understand that complaints are public records.
11. 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____

Online Training Access Terms of Service

Initials Site users must guarantee that they will not give username or password to any other individual, and will not log any other individual onto their account. Further, site users must certify that he/she shall be the only person who takes any course material under their username and password.

Initials You will have access to the online training website for 60 days. If you need an extension, please contact the office, an additional fee may apply.

General Disclaimer and Limitation of Liability

You expressly agree that the use of this service is at your own risk. Neither S&H Training Center, Inc. nor any of its employees, agents, content providers or licensors makes any representations or warranties of any kind regarding the service, the content, any advertising material or the results that may be obtained from use of the service. This service is provided on an "as is" basis and S&H Training Center, Inc. specifically disclaims any express or implied warranties or guarantees of credit acceptance by state agencies. This includes without limitation, warranties of fitness for a particular purpose, warranties of merchantability or warranties against infringement. S&H Training Center, Inc., its affiliates, employees, agents, content providers and licensors shall in no event be liable for any damages or losses, including, without limitation, direct, indirect, consequential, special, incidental or punitive damages resulting from or caused by the service or its content, including, without limitation, losses related to your inability to use this service, any errors, omissions or defects in the content, or, any interruptions, delays in transmission or computer viruses. S&H Training Center, Inc. takes no responsibility for the timeliness of the information presented in the seminars, on the site or in our database. S&H Training Center, Inc. does not warrant that any material referenced or comments made within a course or included in our database is the only opinion or treatment available. As courses may be taken more than once, and in most states you may not take the same course within the same relicensure period for credit, the ultimate responsibility lies with the user if they take a course more than once.

Signature

Date

FOR OFFICIAL USE ONLY:

Online Training Login Information

Username: _____ Password: _____ Date Entered: _____

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.



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Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: ____/____/____

Social Security Number: ____ - ____ - ____

Race (Check only one box):

- ☐ White/Caucasian
☐ Black/African American
☐ American Indian or Alaska Native
☐ Hawaiian Native or other Pacific Islander

- ☐ Asian
☐ Multiracial
☐ Other

*Are you Hispanic in origin? ☐ Yes ☐ No

*Are you disabled? ☐ Yes ☐ No

*Are you a military veteran? ☐ Yes ☐ No

Sex: ☐ Male ☐ Female

Highest grade completed:

- ☐ Less than high school graduation
☐ High school graduate
☐ GED
☐ Some post high school, no degree/certificate

- ☐ Certificate (less than 2 years)
☐ Associate degree
☐ Bachelor's degree
☐ Master's degree or higher

Student Signature

Date

School Representative Signature

Date