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 HCA classes.

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

☐ Home Care Aide $550 *
(DSHS approved 75-hour training includes Dementia & Mental Health)

☐ Nurse Delegation Core $50
Olympia only

☐ Nurse Delegation Diabetes $60
Olympia only
Includes a $10 DVD deposit that will be returned when the DVD is returned

☐ Dementia Level 1 $80

☐ Mental Health Level 1 $80

☐ Traumatic Brain Injury Level 1 $80

☐ Diabetes Level 1 $80

☐ Continuing Education Units (12) $80
License #: _____
Expiration Date: _____

*Requires a $250 deposit at time of registration, the rest is due the first day of skills class.

Training Center Location

☐ Olympia
921 Lakeridge Way SW
Olympia, WA 98502

☐ Renton
405 SW 41st ST #407
Renton, WA 98057

☐ 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: ☐ Amex ☐ Discover ☐ Master Card ☐ 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.

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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Olympia, WA 98502
360-539-7423

405 SW 41st St #407
Renton, WA 98057
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
- ☐ 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