

**Certified Nurse Aide Training Program (STNA)
Student Enrollment Agreement**

Expected program length: 76 Clock Hours Start Date: _____
Full Time Class: 2 weeks to complete (10 working days)
Part Time Class: 3 weeks to complete
Weekend Class: 4 weeks to complete

Name: _____ S.S.N.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Emergency Contact: _____

Sponsor Information: _____
(Agency or Facility paying for training) if applicable:

Address: _____ Contact Person: _____

Title: _____ Phone: _____ Fax: _____

Tuition and Fees

Student:

Application Fee: \$ 250.00 (non-refundable)

CNA Training: \$ 425.00

Gait Belt: \$ 12.84 tax included

Discount: _____ M.O. _____ check _____ Voucher _____

Total Due: _____ Amount Paid: _____ Bal. Due: _____ Bal. Due Date: _____

Sponsor:

Application Fee: \$ 250.00 (non-refundable)

CNA Training: \$ 390.00

Textbook: \$ 25.00

Gait Belt: \$ 12.00 tax exempt

Total Due: _____

CANCELLATION/REFUNDS POLICY

Two business days before class start date 50% refund of deposit (must be in writing in person)
No show to scheduled class date NO REFUND

BCI NEED TO BE COMPLETE BEFORE STARTING CLINICALS
\$35.00 @ QC/CHC Inc.

CNA REFRESHER COURSE
(Skills only, 1 hr. max.)
\$30.00 @ QC/CHC Inc.

Refunds are issued within 30 days of cancellation date and will be sent via US mail.

All tuition and fees are payable for one session only. Payments must be made in full before the date of the first class session. Tuition and fee charges are subject to change at Quality Care/CHC Inc. discretion. Any tuition or fee increases will become effective for the school term following notification of the increase.

I acknowledge that I have received and agree with QC/CHC policies and procedures as stated. Acknowledge that I have read a copy of this enrollment agreement. I agree to submit payment for tuition and fees as outlined above. I understand that document becomes a legal and binding contract once completed and signed by both parties. I confirm the financial obligations of the program have been explained to me. I certify that I do not have any physical limitations that would prevent any restrictions on my mobility or my ability to lift and move equipment and patients.

Student Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____

School Representative: _____ Date: _____

QC/CHC Inc.admits students of race, color, sex, national or ethnic origin.