

Healthcare School of Hawaii LLC
98-025 Hekaha St. Bldg., 4 Suite 4, Aiea, Hawaii 96701
Website: www.healthcareschoolofhawaii.com
E-mail: hschcna@gmail.com
Phone: 808-488-9449

Course Title: New Nursing Assistant Training Program
Approved and Certified by the State of Hawaii

Student Name: First _____ Last _____ MI _____
(Please Print)

Address: _____

Home Phone: () _____ Cell () _____

Email: _____

Uniform Size (please circle one): XXS / XS / S / M / L / XL / XL / XXL / XXXL

Emergency Contact: Full Name: _____ Relationship: _____
Phone: _____

How did you find us? Friend/Family: _____ Internet: _____ Other: _____

Start Date: _____ End Date: _____ Course: (please circle one): Day or Evening

Training Cost:

Tuition _____ \$ **750.00**

Textbook _____ \$ **65.00**

Basic Medical Terminology _____ Included

Blood Borne Pathogens Training _____ Included

Clinical Lab and Practicum _____ Included

Materials/Supplies/Course Documents _____ Included

Scrub Uniform (for Clinical Practicum use only) \$ **35.00**

(PLEASE SELECT ONE)

American Heart Association BLS/AED (includes manual) \$ **90.00**

OR

American Red Cross CPR/AED/First Aid

OR

\$ **85.00**

American Heart Association CPR/AED/First Aid \$ **85.00**

Sales Tax (4.712%) _____ \$ **45.15**

TOTAL COST OF THE COURSE WITH BLS _____ \$ **985.15**

TOTAL COST OF THE COURSE WITH CPR/AED/FIRST AID _____ \$ **980.15**

A deposit of **\$300.00** must be paid at time of registration.

All forms of payment accepted (Cash, Check, Credit and Debit Cards)

Agreement is binding: 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 in the agreement: 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. We reserve the right to cancel classes for any reason or postpone classes due to insufficient enrollment. Every effort will be made to notify you of a cancelled class well in advance. If we cancel a class, you will receive a full refund of the class fee. *In the event that you decided to withdraw, a refund may be given if a written or personal cancellation is received at least 3 working days prior to start of class. No refund granted after. Telephone cancellation is not accepted. There is a \$60.00 cancellation fee to cover administrative costs and returned book.*

Effective date of acceptance: I hereby agree to abide by the conditions set forth herein. I declare that I am 18 years or older, a high school graduate, and no criminal record.

Student's Signature: _____ Date: _____

Office use only:
School Representative: _____ Date: _____