

**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:**  
**Nursing Assistant Training Program**  
**Approved and Certified by the State of Hawaii**

**Student Name: First** \_\_\_\_\_ **Last** \_\_\_\_\_ **MI** \_\_\_\_\_  
(Please Print)

**Address:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **Cell/Other** ( ) \_\_\_\_\_

**Last four (4) digits of SSN:** \_\_\_\_\_ **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:** \_\_\_\_\_ **Shift:** (please circle one): Day or Evening

**Training Cost:**

<b>Tuition</b> _____	<b>\$ 750.00</b>
<b>Textbook</b> _____	<b>\$ 60.00</b>
<b>Basic Medical Terminology</b> _____	<b>Included</b>
<b>Blood Borne Pathogens Training</b> _____	<b>Included</b>
<b>Clinical Lab and Practicum</b> _____	<b>Included</b>
<b>Materials/Supplies/Course Documents</b> _____	<b>Included</b>
<b>Sales Tax (4.712%)</b> _____	<b>\$ 38.15</b>
<b>TOTAL COST OF COURSE</b> _____	<b>\$ 848.15</b>

**Additional Fees/Charges:**

<b>American Heart Association BLS/AED (OR)</b> _____	<b>\$ 85.00</b>
<b>American Red Cross CPR/AED/First Aid</b> _____	<b>\$ 75.00</b>
<b>Scrub Uniform</b> _____	<b>\$ 25.00</b>

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:** \_\_\_\_\_

