

Professional Healthcare Educators
1286 Kalani St. B-204, Honolulu, Hawaii 96817 / Tel:(808)847-3366
E-mail address: healthcare.educators@gmail.com

This Enrollment agreement, is between the above named school and:

STUDENT NAME: _____

Address _____

Telephone () _____ Photo ID _____ Last 4 digit of SS# _____

We may ask: how did you find us? Newspaper: _____ Friend/Family: _____ Internet: _____

Email address: _____

The school agrees to provide the following training:

Course or program title: Nurse Assistant Training program
Approved and Certified by the State of Hawaii

This training will cost

Tuition costs.....	\$ 700.00
Less: Registration fee (Initial Payment).....	\$ (400.00)
Book	50.00
Blood borne Pathogens.....	Included
Basic Medical Terminology.....	Included
Supplies.....	Included
Materials.....	Included
TOTAL COST OF THE COURSE	\$750.00

(NOTE): Additional fee for: CPR/First Aid \$60.00
 Criminal Background Check -\$25.00

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.

Drop Policy Charge: Refund Charge For cancellations up to:

- 10% From 8 to 14 days before class starts
- 25% From 3 to 7 days before class starts
- 50% From 1 to 2 day(s) before class starts
- 100% Day of Class or thereafter- No Refund
- Full Refund if class is cancelled

Effective date of acceptance:

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

Print Name _____ Sign _____ Date _____

School representative _____ Date _____

For office use only: Book _____ CPR/FA _____ E-Crim _____

By: _____ Date: _____