

JOSEPHINE DIAZ, RN
Program Director
Vallejo Nursing School, Inc.
480 Redwood St, Redwood Square Suite #43
Vallejo, CA 94590
Phone: (707)645-9714 ; Fax: (707)645-7032

STUDENT REGISTRATION AND ENROLLMENT AGREEMENT

Certified Nursing Assistant Program

Name: _____
(Last Name) (First Name) (M.I.)

A.K.A: _____ Sex: (M) (F)

Address:

Street: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Phone (Work): _____ Pager or Mobile: _____

Social Security: _____ Occupation: _____ Employer: _____

Person to contact in case of emergency: _____ Relationship: _____ Phone: _____

Are you at least 16 years of age? Yes No Date of Birth: _____

Place of Birth: _____ ID / Driver's License: _____

Marital Status: Married Single Separated Divorce

How did you hear about Vallejo Nursing School Inc.? _____

Do you read and / or understand English? Yes No

Do you read at least at a Fifth Grade Level or higher? Yes No

"There is no English as a second Language Instruction"

Have you ever been convicted by any court of Law of a crime, other than a minor traffic violation?

Yes No

If you answer Yes to the above question, you must supply the following information to CA Department Of Public Health in Sacramento.

- A. Date and Nature of the incidents (s)
- B. Disposition of the case (provide court papers)
- C. Current Status
- D. Letters from your Probation Officer (If applicable)
- E. Letters of Recommendation (if applicable)

Education:

School / Instruction	City / State / Count	Course	Years attended	Graduated
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Work Experience:

Employer	City / State / County	Job Title	Dates	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A. Legal Notice:

This agreement is legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given (A) a written statement of the refund policy including examples of how it applies and (B) a catalog including description of the course educational service including all material fact concerning the school and the program or course of the instruction which are likely to affect your decision to enroll immediately... Upon signing this agreement, you will be given a copy of it to return.

B. This Agreement is for (Please check one)

_____ Day class _____ Evening Class

Start Date: _____ Scheduled Completion Date: _____

The Nursing Assistant Training consists of 150 clock hours of training. Vallejo Nursing School, Inc. offers day and evening classes.

The day class is 21 days in length, Monday through Friday from 8:00am – 4:30pm for Theory classes and 7:00am – 3:30pm for Clinical.

The evening classes approximately 32 days in length, from 4:00pm – 10:30pm for Theory class; 4:00pm-8:00pm for clinical class plus 3 Saturday AM clinical classes from 7:00am – 3:30pm.

C. Theory Class Location:

**Vallejo Nursing School, Inc.
480 Redwood Street, Redwood Square Suite #43
Vallejo, CA 94590**

Clinical Training will be held at these sites:

Evergreen Heartwood Living Care Center
1044 Heartwood Ave.
Vallejo, CA 94591

OR

Napa Valley Care Center
3275 Villa Lane
Napa, CA 94558

Note: In Clinical Training, the ratio of instructor to student is 1:15

D. Buyer’s Right to Cancel:

The Student has the right to cancel this enrollment agreement and obtain a refund of the amount of the registration fee if the school fails to start on the scheduled date and that the new date of classes will not work for the student.

E. Physical Examination

Please have the attached Physical Examination Form & TB Test Results completed and submitted with this student registration.

F. Student Applicant’s Signature:

My signature below certifies that I have read, understood, and agree to my right and responsibilities and that Vallejo Nursing School’s cancellation and refund policies have been clearly explained to me.

Signature

Date

This agreement is not operative until the student makes an initial visit to the school and receives a thorough tour or attends the first class of instructions.

Date of Visit / Tour of School

Signature

Date

G. School Official's Signatures:

I certify that Vallejo Nursing School, Inc. – has met the requirements set forth by the Department of California Department of Public Health.

Signature

Title of School Official

Date

This agreement is accepted by:

Signature

Title of School Official

Date

NOTICE:

Any holder of this consumer credit contract subject to all claims and defense which the debtor could assert against the seller of goods or services obtained pursuant here to or with the proceeds hereof recovery hereunder by the debt or shall not exceed amount's paid by the debt or hereunder.