

Vallejo Nursing School, INC.

480 REDWOOD STREET SUITE # 43, VALLEJO, CA, 94590

Tel. No.: (707) 645-9714

STUDENT REGISTRATION AND ENROLLMENT AGREEMENT CERTIFIED NURSING ASSISTANT PROGRAM

STUDENT NAME: _____ SEX: MALE FEMALE

ADDRESS: _____
STREET CITY STATE ZIP CODE

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HOME PHONE# WORK# CELL PHONE#

SOCIAL SECURITY# - - OCCUPATION: EMPLOYER:

PERSON TO CONTACT IN CASE OF EMERGENCY: RELATIONSHIP TEL#:

EMAIL ADDRESS: _____

ARE YOU AT LEAST 16 YEARS OF AGE? YES NO DATE OF BIRTH: / / CA DRIVER'S LIC _____

MARITAL STATUS: MARRIED SINGLE SEPARATED DIVORCED

HOW DID YOU HEAR ABOUT THE 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 THIS QUESTION, YOU MUST SUPPLY THE FOLLOWING INFORMATION TO DEPARTMENT OF HEALTH SERVICES IN SACRAMENTO.

- A. DATE AND NATURE OF THE INCIDENT(S) D. LETTERS FROM YOUR PROBATION OFFICER (IF APPLICABLE)
B. DISPOSITION OF THE CASE (PROVIDE COURT PAPERS) E. LETTERS OF RECOMMENDATION (IF APPLICABLE)
C. CURRENT STATUS

EDUCATION

SCHOOL/INSTRUCTION: CITY/STATE/COUNTY: COURSE: YEAR(S) ATTENDED GRADUATED:

WORK EXPERIENCE

EMPLOYER: CITY/STATE/COUNTY: JOB TITLE: DATES: REASON FOR LEAVING:

A. LEGALLY NOTICE:

This agreement is a 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 facts 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

The Nursing Assistant Training consists of 160 clock hours of training. *Vallejo Nursing School* offers day and evening classes. The day class is **22 days** in length, *Monday through Friday* from *8am-4:30pm* for theory class and *7am-3:30pm* for clinical. The evening classes are approximately **34 days** in length, *Monday through Friday* from *4pm-10:30pm* for theory class and *4pm-8pm* for clinical, *plus (3) Saturday 7am-3:30pm* for clinical. PLEASE CHECK THE CLASS/PROGRAM YOU DESIRE TO ATTEND:

Day Class

Evening Class

Start Date: _____ Scheduled Completion Date: _____

C. THEORY CLASS LOCATION:

VALLEJO NURSING SCHOOL, INC.
480 REDWOOD STREET SUITE # 43,
VALLEJO, CA, 94590

CLINICAL TRAINING WILL BE HELD AT THESE SITE(S)

Heartwood Avenue Healthcare
1044 Heartwood Ave.
Vallejo, CA 94591

NOTE: IN CLINICAL TRAINING, THE RATIO OF INSTRUCTOR TO STUDENT IS 1:15

D. BUYERS RIGHT TO CANCEL:

The Student has the right to cancel this enrollment agreement and obtain a refund of all charges less the amount of the registration fee if he/she cancels prior to or on the first day of classes. You receive a refund by providing a written notice to:

Josephine Diaz, RN/DSD
Program Director
Vallejo Nursing School, Inc.
480 Redwood St. Suite #43
Vallejo, CA 94590, (707) 645-9714

E. PHYSICAL EXAMINATION:

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

F. STUDENT APPLICANT’S SIGNATURES:

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.

Student’s Signature Date

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

Date Visit or Tour of the School Signature of Student

G. SCHOOL OFFICIAL’S SIGNATURES:

I certify that Vallejo Nursing School, Inc. – has met the requirements set for the 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 WICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERE TO OR WITH THE PROCEEDS HEREOF RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNT’S PAID BY THE DEBT OR HEREUNDER.

