

Caregiver Training School

1320 Kalani Street Suite 288 Honolulu, Hawaii 96817 Phone No: (808) 848-9988

ENROLLMENT AGREEMENT

FOR ALL STUDENTS

Due to the large volume of material to be covered in addition to the start of hands-on learning of dental procedures, during the first week of class it is imperative that I read the assigned chapters and keep current with my homework assignments. I will study and prepare for the written tests. It is mandatory that I show competency and appropriate aptitude by demonstrating the ability to;

1. Learn new concepts quickly.
2. Pass written tests with 80% or higher.
3. Complete all skill tests with accuracy and consistency. I may be asked to practice and repeat skill demonstration to assure consistent performance.
4. Follow directions well and communicate in a professional manner.

The following will be grounds for dismissal;

1. Unexcused absence or repeated tardiness without prior notification to the administration office.
2. Disruptive / Argumentative / unprofessional behavior, actions that adversely affect the progress of the class, failure to work cooperatively with classmates, instructor and/or clinical staff.
3. Theft / Fraud / Cheating / Unauthorized use of school or clinical property.
4. Actions that may jeopardize the safety of others.

Refund Policy: Tuition paid partially or in full, will not be refunded to me if I cancel before the class or dismissed due to the above reasons. On the other hand, if I drop out after the course has begun, and still have an outstanding balance owed, I will still be held responsible to pay the full balance upon demand, moreover, NO SHOW-NO REFUND. In the event that I breach this agreement by placing a stop payment on my check, I agree to replace the full face value of my check plus service charges and collection costs. Should my check be returned by my bank for any reason, I agree to pay Caregiver Training School a service charge of \$30.00 each time my check is returned. Furthermore, if a refund is deemed necessary (**case to case basis ONLY**) the amount to be refunded will incur a 35% Administrative Fee.

For Nurse Assistant students I will promptly submit my **Criminal Abstract, Physical examination, Flu Shot Record, and TB Clearance** and pay off my tuition balance on a timely manner. I can authorize the school to print out my Criminal Abstract for the convenience fee of \$25.00. If the abstract shows that I have a record, then, I agree to personally pick up a certified copy of the abstract from the State. Moreover, I fully understand that if I have any criminal record, I may or may not be accepted by the Facility for my clinical practicum.

For EKG/IV Technician, Phlebotomy Technician, Patient Care Technician, I will submit my TB Clearance and pay off my tuition balance on a timely manner.

I agree that I will be prompt and in full attendance. Should an emergency occur, I must leave a message with the instructors at 808-848-9988 as soon as possible. I will be required to submit Medical documentation upon returning to class.

I understand that I will fail the training program if I do not complete the classroom requirements and do not show competency in performing my skills. In the event that I fail and wish to retake the class, I agree to pay 80% of the class tuition (plus tax).

For training either in Nurse Assistant, or Patient Care Technician I will be scheduled to complete and satisfactory pass a clinical practicum at a designated facility. If I do **not** pass and complete the classroom requirements, or, if I do **not** submit the required documentations on a timely manner, or, if I fail to show up on time at the designated clinical facility, or, if I do **not** pay off my tuition balance on time, I will be rescheduled to the next space available clinical practicum, hence, I agree to pay a liability insurance fee of \$75.00 plus tax.

I understand that the school reserves the right to change the schedule of the syllabus and reschedule the class if there is no sufficient number of enrollment, when an instructor is not available, or when class materials are not available (which we do not have any control of). Since there is no refund, I agree to make myself available to the new schedule. If I am not available at the time, I will reschedule my class in a way that I will complete the training within six months from the date of my initial scheduled class.

I received an exact copy of this agreement, a copy of Waiver and Release, and a copy of the Program Policy and Rules which I fully understand. I agree to accept, abide and follow what they contained. I agree to take full responsibility for my learning experience by completing the reading as assigned and to take responsibility for checking-off on all required skills. I give CareGiver Training School, its designees, agents, and assigns, unlimited permission to use, publish, and republish in any form or media, information about me and reproduction of my likeness (photographic or otherwise) and my voice, with or without identification by me by name. I understand and agree that this agreement binds me for the training that I am now enrolling, and it also binds me to any and all training classes that I will be enrolling in the future.

Print Name

Student's Signature

Date

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WAIVER, RELEASE, AND LIABILITY FORM

Please read this statement before you sign this form. After signing and CareGiver Training School accepts you, you will be bound by all the terms and conditions of the agreement.

I AGREE to release, discharge and hold harmless Caregiver Training School, and the clinics and/or facilities which provide my clinical experience, their employees, owners, directors and clients, from any and all liabilities, misconduct or accidents that may occur on their premises and facilities as a result of my participation in any/or all of their Training Programs, as well as the participation of my friends, families, and guests in any and/or all of my Training Programs.

I agree to take full responsibility for any and all liabilities, misconduct or accident, abuse, harm, fall, theft, and death, to each of the individuals, entities, and companies mentioned in the preceding paragraph, caused by my action(s) either directly or indirectly. I understand and agree that I will take full responsibility to pay for any and all costs, and compensation(s) to any and all concerned individuals, entities, and companies mentioned in the preceding paragraph.

I understand the course policies as outlined and I certify that all statements I have made on my Registration Form are true and complete. False statements are subject to action pursuant to dismissal from the training program.

I understand and agree that this Waiver, Release, and Liability Form binds me for the training that I am now enrolling, and to any and all training programs that I will be enrolled in the future.

Student's and/or Guarantor's Signature

Print Names

Date

Witnessed by:

Signature

Date