

Trinity Health Academy Registration Form

951-677-7767 or visit our website at www.thacourses.com

Directions: Please fill out this form completely, Black pen only. You may also email the completed form to info@thacourses.com Thank You.

Course Interested In & Date of Program: _____ Cost Fee: \$ _____

Last Name: _____ First Name: _____ Middle: _____

Mailing Address _____ Apt.# _____

City _____ State _____ Zip Code _____

Email Address _____ Social Security Number _____ Date of Birth _____

Daytime Phone Number _____ Evening Phone Number Evening _____ Best time to call _____

California ID Number / Driver License Number _____

If under age 18, please state your age _____

In Case of an Emergency, Please contact:

Name Relationship Phone Number

Name of school Attended in past 3 years	Grade completed

Nursing Assistant Number: _____ Expiration Date: _____

Who would you tell about Trinity Health Academy:

Name	Relation	Phone Number
1.		
2.		
3.		

How did you hear about us? _____

I have reviewed and accept the payment/refund policy for my program in which I am enrolled. I have also reviewed the school's policy and procedures. Trinity Health Academy are in compliance and uphold the Equal Opportunity Act for all applicants. We will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, sexual orientation, disability or status as a disabled veteran or a veteran of the Vietnam Era. Furthermore, Trinity Health Academy will continue to support and promote equal employment opportunity, human dignity and racial, ethnic, and cultural diversity.

We offer job referrals and resources when available and not job placement as this is the employer's decision in which you are seeking employment upon completion of the program/s.

Signature of Student: _____ Date _____

Please use debit or credit cards, cash, cashier's check or money orders for your payment

For Office Staff Only

Date: _____

Number of Courses _____

Name of Course/s _____

Registration Fee: \$ _____ Initials _____ Date _____

Payment method _____

Deposit amount _____ Paid in full _____ Amount Owed _____

Licenses Health Care Professional (circle one) - Yes or No

Sponsoring Organization _____

Verification of CNA Certification or licensed nurse:

Cert. Number _____

License number _____

Exp. date _____

Status _____ Convictions if any _____

Confirmation of license _____

Payment #1 _____ Invoice _____ Amount Owed _____

Payment #2 _____ Invoice _____ Amount Owed _____

Payment #3 _____ Invoice _____ Amount Owed _____

Payment #4 _____ Invoice _____ Amount Owed _____

Balance Owed _____

Refund amount _____ Reason for Refund _____

Date refunded _____ Paid in Full _____

We reserve the right to refuse registration or participation to anyone who has been requested to withdraw from Trinity Health Academy or another course. No Exceptions.

Students or participants who cancel less than one week prior to the start of the program or course or is a no show for orientation and the first day of class will forfeit the total tuition paid. If you do not cancel in person or via email at **info@thacourses.com** and or do not attend the program or course, you have paid for then you will forfeit the entire tuition with no exceptions.

There is a \$750 non-refundable deposit for the CNA program and any deposits required for other classes are also non-refundable, non-exchangeable & no exceptions. There is a re-registration fee for all classes. Students are not allowed to transfer monies paid to apply towards another class or person.

Refunds can take up to 20 business days, no exceptions.

Program Information and Change:

We reserve the right to make changes while in the program or course to information printed on materials and on our website. You are responsible to inquire of any changes via email at **info@thacourses.com** or may call 951-677-7767 (office).

Cancellations:

You will be notified of any changes via postings at school, website homepage, letter or email.

Any accommodations for disability would have to be called into Trinity Health Academy at 951-677-7767

"Achieve Your Dreams"

"Making A Difference"

"Turning Your Dreams Into Reality"

"Beginning of Your New Day"

Responsible Party: _____ Date: _____

Signature of Student: _____ Date: _____

Trinity Health Academy
Financial Obligation

If a student fails, is dismissed, or quits the program, there are no refunds.

A full payment is encouraged to avoid any future payment issues. We are happy to offer a 2-step payment program.

o Due at application is a Non-refundable administration fee/hold your seat fee. Fees vary depending on the course you are registering for. See price list for details.

***If a balance is owed and student drops for any reason or is dismissed for whatever reason, you are responsible for the balance on your account including late fees or any other fees accrued. ***

If you need to drop the course to take it later, you may reschedule once. The fee to reschedule is \$250.00.

If the student's remaining tuition is not paid by the end of week 2, depending on the program enrolled in, the student will be dismissed from the program.

Tuition includes CNA training, name badge, textbook.

Ask about our combo discount for other courses.

AFTER THE CNA PROGRAM STARTS, THERE ARE NO REFUNDS, NO EXCEPTIONS

We Reserve the Right to make changes while in the program. You are responsible to inquire.

Please sign below that you have read, acknowledge, and understand the above terms.

Print Name

Signature

Date

TRINITY HEALTH ACADEMY
THE RISK AND WAIVER OF LIABILITY RELATING TO
CORONAVIRUS/COVID19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Trinity Health Academy has put in place preventative measures to reduce the spread of COVID-19; however, Trinity Health Academy **cannot guarantee** that you will not become infected with COVID-19. Further, **attending Trinity Health Academy could increase** your risk of contracting COVID-19.

I, _____ acknowledge the contagious nature of COVID-19 and voluntarily assume the risk and I may be exposed to or infected by COVID-19 by attending Trinity Health Academy and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Trinity Health Academy may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Trinity Health Academy employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at Trinity Health Academy. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Trinity Health Academy, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Trinity Health Academy, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Trinity Health Academy program.

First & Last Name

Date

Signature

Date