

# Trinity Health Academy Registration Form

**951-677-7767 or visit our website at [www.thacourses.com](http://www.thacourses.com)**

*Directions: Please fill out this form completely, Black pen only. You may also email the completed form to [trinityhealthcourses@gmail.com](mailto:trinityhealthcourses@gmail.com). Thank You.*

Course Interested In: \_\_\_\_\_ 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 \_\_\_\_\_ Best time to call \_\_\_\_\_

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 schools 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 \_\_\_\_\_

Date refunded \_\_\_\_\_

Reason for Refund \_\_\_\_\_

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 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 [trinityhealthcourses@gmail.com](mailto:trinityhealthcourses@gmail.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 \$500 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 [trinityhealthcourses@gmail.com](mailto:trinityhealthcourses@gmail.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: \_\_\_\_\_