



### Enrollment Agreement

#### Student Information

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Are you interested in assistance with placement after graduation? Yes \_\_\_\_\_ No \_\_\_\_\_

Highest Level of Education \_\_\_\_\_

Where did you hear about our program? \_\_\_\_\_

Start date of class in which you would like to enroll: \_\_\_\_\_

**Circle one DAYS NIGHTS WEEKENDS**

#### Enrollment Agreement

- I have read and understand the Admission Requirements, Attendance Policy and Refund Policy.
- I agree to pay Bluegrass Nurse Aide Training Center **\$565 (Tuition is \$500 and Textbooks are \$65)**. This course includes 59 hours of classroom/lab instruction and 16 hours of clinical practice in a long-term care facility.
- I understand my application fee is **\$100** and is **non-refundable**. The balance of **\$465** is due 14 days prior to the start of class, and is **non-refundable**.
- I understand my signature on this agreement serves as permission for the administrator to obtain a Nurse Aide Abuse Report. This background information not only affect my acceptance into this training program, but may affect my eligibility to be employed as a State Registered Nurse Aide.
- Student must pay **\$20** by check or money order to Bluegrass Nurse Aide Training Center/Student Liability Account on the first day of class to obtain student liability coverage for the clinical portion of the course.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail Application and check or money order for \$100 to above address. Acceptable forms of payment: Check, Money Order, Cashier Check, Visa or MasterCard. Government vouchers must be presented at time of registration.

Revised 07/01/2010