

STUDENT REGISTRATION FORM

TRINITY CAREER INSTITUTE

8039 STATE AVENUE, KANSAS CITY, KANSAS 66112

PH: 913-299-6666 Fax: 913-291-2340

PLEASE CHECK CLASS ENROLLING IN

CNA (90 HOUR CLASS) CNA REFRESHER (10 HOURS) HOME HEALTH AIDE (20 HOURS)

CMA (75 HOUR CLASS) CMA UPDATE (10 HOURS)

(Please Print Clearly)

Name _____

Street Address _____ Apt _____

City _____ State _____ Zip _____

Phone _____ Cell/Work _____

Date of Birth _____ SSN _____ Sex: Male Female

Ethnicity: American Indian/Alaska Native Asian Black/African American Hispanic

White Mixed Other: _____

Age: 16-19 20-24 25-35 36-45 46-55 56-65 66+

(Trinity Career Institute does not discriminate with regard to disability, national origin, race, religion or gender. The information you provide is used for state and federal reporting purposes only. It is kept confidential and is not used to determine acceptance for admission).

Class Name _____ Class Number _____ Class Dates _____

Referred by: Friend Newspaper Ad Road Sign/Billboard Facility Other _____

HS Grad/GED (Y/N) Grade level _____ College _____

3 references: please include phone number and relationship to you

1.

2.

3.

By signing below, I acknowledge I am registering for the above class and agree to participate in the required classroom and clinical hours as outlined by KDADS. I understand that this registration is not valid unless it is accompanied by the required documents and the required tuition/deposit. I understand that if I drop or withdraw from the class, I must submit my request in writing to the address above and it must be received up to 7 (seven) days prior to the class date and I will receive a full refund of my deposit less a \$75.00 administrative fee. Also, I understand that:

- (a) If I withdraw during the first week after entering TCI, the institution shall refund at least 90 percent of the tuition;
- (b) if I withdraw during the first 25 percent of the enrollment period but following the first week after entering the TCI, the institution shall refund at least 55 percent of the tuition;
- (c) if I withdraw during the second 25 percent of the enrollment period, TCI shall refund at least 30 percent of the tuition;
- (d) if I withdraw during the last 50 percent of the enrollment period, TCI may deny me a refund.;
- (e) any monies due to me shall be refunded within 60 days from the last day of attendance or within 60 days from the receipt of payment if the date of receipt of payment is after my last date of attendance;

If I transfer to another class, I understand there will be a \$75 administrative fee per transfer, which must be paid before the transfer can be completed and my seat be secured in the new class. Transfers must be completed 7 (seven) days before the class start date. **This agreement becomes effective as of today_____.**

Student Signature

Date

Facility Administration/Staff Signature

Date

FOR OFFICE USE ONLY

Tuition amount _____ Deposit _____ Facility _____

Payment Dates/Amounts#1 _____ #2 _____

SS Card _____ ID _____ social _____ TB _____ CASA _____ workkeys _____ other _____

TRINITY CAREER INSTITUTE STATEMENT OF UNDERSTANDING

The Americans with Disabilities Act of 1990 (42 U.S.C. & 12101. et seq.) and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. & 794) prohibits discrimination of persons because of her or his disability. In keeping with these laws, Trinity Career Institute makes every effort to ensure a quality education for students. The purpose of this document is to ensure that students acknowledge that they have been provided information on the functional abilities required of a student in the Nursing Assistant Program. In addition, information was given to the student on reasonable accommodations to meet the Functional Abilities at this time.

_____ (Initials) _____ (Date)

I have read and understand the Functional Ability categories specific to a student in the Nursing Assistant Program.

_____ (Initials) _____ (Date)

I am able to meet the Function Abilities presented, or have been provided with, information concerning accommodations or special services if needed at this time.

I agree that I have been provided a handbook and understand all policies and procedures. I have answered all questions to the best of my knowledge.

Student Signature

Date

School Representative/Faculty Signature

Date

TRINITY CAREER INSTITUTE
8039 State Ave., Kansas City, KS 66112
Tuition Installment Agreement

Student Name

Date

Social Security Number

Date of Birth

Class Name

Class Number

Class Date

Terms and conditions

I agree to pay Trinity Career Institute Inc. (TCI) the full tuition amount of \$_____ for the above class. The deposit of \$_____ is payable upon registration in the class leaving a balance in the amount of \$_____ that will be paid in 2 payments. Payments are scheduled as follows:

\$_____ due by _____

\$_____ due by _____

I understand if for any reason the payment amount is not paid by the due date(s), I will be charged a \$20.00 late fee per week. If I am more than 2 weeks late with my payment, I will be suspended from class until the balance is paid in full. I also understand state examinations will be delayed or denied until payment is made in full. I understand that if I drop or withdraw from the class, I must submit my request in writing to the address above and it must be received up to 7 (seven) days prior to the class date and I will receive a full refund of my deposit less a \$75.00 administrative fee. Also, I understand that:

- (a) if I withdraw during the first week after entering TCI, the institution shall refund at least 90 percent of the tuition;
- (b) if I withdraw during the first 25 percent of the enrollment period but following the first week after entering the TCI, the institution shall refund at least 55 percent of the tuition;
- (c) if I withdraw during the second 25 percent of the enrollment period, TCI shall refund at least 30 percent of the tuition;
- (d) if I withdraw during the last 50 percent of the enrollment period, TCI may deny me a refund.;
- (e) any monies due to me shall be refunded within 60 days from the last day of attendance or within 60 days from the receipt of payment if the date of receipt of payment is after my last date of attendance;

I understand if I transfer to another class, there will be a \$75.00 administrative fee per transfer, which must be paid before the transfer can be completed and my seat secured in the new class. Transfers must be completed 7 (seven) days before the original class date.

After the class transfer is completed, it will be my responsibility to get the dates for my payments in the new class and abide by those payment dates. I understand all payments are to be made by, money order

or cashier's check only. All unpaid balances must be paid in full before I will be permitted to register for any class. No credit will be given for previous class enrollments.

By signing below I acknowledge I have read and understand this agreement, I agree to the terms and conditions of the agreement, and I understand this is a **LEGAL** and **BINDING** contract

I have received a copy for my own personal records.

Student Signature

Student legal guardian if minor signature

Date

School Representative Signature/Title

Date
