

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 _____