



# Crystal Point CNA Training School

## Enrollment Agreement

32105 First Avenue South, Suite B2, Federal Way, WA 98003

Phone: (253) 874-0516/ Fax: (253) 874-0693

Website: www.crystalpointcna.com E-Mail: crystalpointhealth@gmail.com

This Enrollment Agreement is between the above-named school and:

Student Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The school agrees to provide the following training: \_\_\_\_\_ CNA  
(Course or program title)

Start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

Program duration is 3 weeks and includes: 41 hours Theory, 40 hours Clinical, and 7 hours HIV = 88 total hours

### COST:

Registration fee .....	\$	<u>50.00</u>
Tuition .....	\$	<u>650.00</u>
Books .....	\$	<u>0</u>
Supplies and Materials (Lab Fees) .....	\$	<u>25.00</u>
<b>TOTAL COST FOR THE COURSE .....</b>	<b>\$</b>	<b><u>725.00</u></b>

### METHOD OF PAYMENT:

I agree that the payment of program costs will be satisfied by (check all that apply):

\_\_\_\_\_ Cash    \_\_\_\_\_ Check    \_\_\_\_\_ Credit Card    \_\_\_\_\_ Third Party (e.g. WorkSource)

List third party payer (if applicable): \_\_\_\_\_

Down payment.....\$ 50%

Monthly payments .....\$ 0

Late Fee for payments received after due date .....\$ 50.00

Other required items for class are:

- 2 step TB test
- CPR/First Aid
- An acceptable background check
- Watch with a second hand
- Gait belt for clinical
- Scrubs for clinical
- Closed-toe comfortable shoes for clinical
- Flu shot (seasonal)

**AGREEMENT NOTICE:**

This agreement will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of the school prior to the time instruction begins.

**CHANGES TO AGREEMENT NOTICE:**

Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student (or the student’s parent or guardian if he/she is a minor).

**CANCELLATION AND REFUND POLICY:**

1. The school must refund all monies paid if the applicant is not accepted. This includes instances where a starting class is canceled by the school.
2. The school must refund all monies paid if the applicant cancels within five business days (excluding Sundays and holidays) after the day the contract is signed or an initial payment is made, as long as the applicant has not begun training.
3. The school may retain an established registration fee equal to ten percent of the total tuition cost, or one hundred dollars, whichever is less, if the applicant cancels past the fifth business day after signing the contract or making an initial payment. A “registration fee” is any fee charged by a school to process student applications and establish a student record system.
4. If training is terminated after the student enters classes, the school may retain the registration fee established under (3) of this subsection, plus a percentage of the total tuition as described in the following table:

<b>If the student completes this amount of training:</b>	<b>The school may keep this percentage of the tuition cost:</b>
One week or up to 10%, whichever is less	10%
More than one week (or 10%), whichever is less, but less than 25%	25%
25% through 50%	50%
More than 50%	100%

5. When calculating refunds, the official date of a student’s termination is the last day of recorded attendance:
  - (a) When the school receives notice of the student’s intention to discontinue the training program; or,
  - (b) When the student is terminated for a violation of a published school policy which provides for termination; or,
  - (c) When a student, without notice, attends less than 45 hours out of the required 48 hours of class.
6. All refunds must be paid within thirty calendar days of the student’s official termination date, and will be paid by check.

**DISCONTINUED PROGRAMS:**

If the school discontinues instruction in any program after students enter training, including circumstances where the school changes its location, students must be notified in writing of such events and are entitled to a pro-rata refund of all tuition and fees paid unless comparable training is arranged for by the school and agreed upon, in writing, by the student. *A written request for such a refund must be made within 90 days from the date the program was discontinued or relocated, and the refund must be paid within 30 days after receipt of such a request.*

**TERMINATION BY THE SCHOOL:**

A student who fails to maintain satisfactory progress, violates safety regulations, interferes with other students’ work, is disruptive, obscene, under the influence of alcohol or drugs, or does not make timely tuition payments, is subject to immediate termination.

**CANCELLATION OF CLASSES:**

The school reserves the right to cancel a starting class if the number of students enrolling is insufficient. Such a cancellation will be considered a rejection by the school and will entitle the student to a full refund of all monies paid.

**NOTICE TO THE BUYER:**

Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal instrument. All pages of this contract are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign, and are required to sign a statement acknowledging receipt of those.

**CANCELLATION OF CONTRACT:**

If you have not started training, you may cancel this contract by submitting written notice of such cancellation to the school at its address shown on the contract. The notice must be postmarked no later than midnight of the fifth business day (excluding Sundays and holidays) following your signing this contract; the written notice may also be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the applicant.

**UNFAIR BUSINESS PRACTICES:**

It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student (or his/her financial sponsors if he/she is a minor), and a written statement notifying all parties that the cancellation and refund policy continues to apply.

**CERTIFICATION:**

I certify that I have read and understand the cancellation and refund policy and the complaint procedure; I have received a copy of the school catalog; and I am entitled to an exact copy of this Enrollment Agreement, school catalog, and any other papers I sign. I hereby agree to abide by the conditions set forth herein.

**Student:**

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Please print name

\_\_\_\_\_ I agree that my typed name above is my e-signature

Signature

Date

**Parent or Guardian** (if the student is under 18 years of age):

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Please print name

\_\_\_\_\_ I agree that my typed name above is my e-signature

Signature

Date

**Authorized School Representative:**

**As the authorized representative of the school, I hereby agree to the conditions set forth herein.**

Dee Stroud

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Please print name

\_\_\_\_\_ I agree that my typed name above is my e-signature

Signature

Date

This school is licensed under Chapter 28C.10 RCW. Inquiries or complaints regarding this private vocational school may be made to:

Workforce Training and Education Coordinating Board  
128 – 10<sup>th</sup> Avenue SW  
Olympia, Washington 98504

Phone: 360-709-4600

Email: [pvsa@wtb.wa.gov](mailto:pvsa@wtb.wa.gov)

Web: [wtb.wa.gov](http://wtb.wa.gov)



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### NOTICE OF FINANCIAL OBLIGATION

Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under Chapter 28C.10 RCW. One copy of this notice bearing original signatures must be attached by the school as addenda to that individual's enrollment agreement, as well as a copy must be provided to the enrollee by the school.

### ACKNOWLEDGMENT BY ENROLLEE

1. I understand and accept that any contract for training I enter into with the above-named school contains legally binding obligations and responsibilities.
2. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.
3. I understand that any enrollment contract I enter into will not be binding or take effect for at least five days, excluding Sundays and holidays, following the last date such a contract is signed by the school and me, provided that I have not entered classes.

Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ I agree that my typed name above is my e-signature \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_

### ACKNOWLEDGMENT BY SCHOOL

Prior to being enrolled in this school, the applicant whose name and signature appears above has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen occupation.

Name (Please print): \_\_\_\_\_ Dee Stroud \_\_\_\_\_

Title: Office Manager/Owner

Signature: \_\_\_\_\_ I agree that my typed name above is my signature \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_



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### HOW TO FILE A COMPLAINT

Washington law requires private vocational schools to inform students how to file a complaint. By signing this form, you acknowledge this process has been explained to you. Below are the next steps the school must take in discussing this policy with you, along with information about the complaint process.

### DISCUSSION ABOUT COMPLAINT POLICY REQUIRED

First, a school representative must discuss the school's complaint policy with you. Following this discussion, you will be provided with this attachment to sign. After you sign this form, the school will give you a copy for your personal records. The school will also keep a copy on file.

### ACKNOWLEDGMENT OF COMPLAINT PROCESS BY STUDENT

1. The school has described the grievance and/or complaint policy to me.
2. I understand that the policy can also be found in the school catalog.
3. I know I should first try to resolve a complaint or concern with my instructor or school administrator.
4. I understand nothing prevents me from contacting the Workforce Board at 360-709-4600 at any time with a concern or complaint, and complaint forms are: [http://wtb.wa.gov/PCS\\_Complaints.asp](http://wtb.wa.gov/PCS_Complaints.asp).
5. I understand that I have one year to file a complaint from my last date of attendance.
6. I further understand that in the event of a school closure, I have 60 days to file a complaint.
7. I also understand that complaints are public records.
8. Finally, I acknowledge that details about the complaint process, my rights, and any restrictions on the time I have to file a complaint can be found at [http://wtb.wa.gov/PCS\\_Complaints.asp](http://wtb.wa.gov/PCS_Complaints.asp)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ I agree that my typed name is my e-signature

Dated this \_\_\_\_\_ day of \_\_\_\_\_

### ACKNOWLEDGMENT BY SCHOOL

Prior to being enrolled in this school, the applicant, whose name and signature appear above, has been made aware of the school's complaint policy.

Name: Dee Stroud \_\_\_\_\_

Signature:

\_\_\_\_\_

I agree that my typed name is my e-signature

Title: Office Manager/Owner

Dated this \_\_\_\_\_ day of \_\_\_\_\_



# Crystal Point CNA Training School

## REGISTRATION FORM

### Enrollment Agreement

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**\$50.00 registration fee, and \$650.00 CNA course fee. (Money Order, Cashiers Check, Cash, Credit Card)**

### Student Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Telephone number: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS# \_\_\_\_\_

EMAIL: \_\_\_\_\_

Race (Check one): \_\_\_\_\_ Gender (Check one): \_\_\_\_\_ Male \_\_\_\_\_ Female

--- Hispanic:

\_\_\_ White/Caucasian

\_\_\_ Black/African American

\_\_\_ American Indian or Alaska Native

\_\_\_ Hawaiian Native or other Pacific Islander

\_\_\_ Asian

\_\_\_ Multi-racial

\_\_\_ Other:

Disability: \_\_\_ Yes \_\_\_ No

Military Veteran \_\_\_ Yes \_\_\_ No

### Highest Grade Completed:

\_\_\_ Less than high school graduation

\_\_\_ High School Graduate Graduation Date \_\_\_\_\_

\_\_\_ GED Date GED Attained: \_\_\_\_\_

\_\_\_ Some Post H.S., no degree or certificate \_\_\_ Certificate (< 2 years)

\_\_\_ Associate Degree (Year: \_\_\_\_\_) \_\_\_ Bachelor Degree or Above

Name and Address of Last School Attended: \_\_\_\_\_

Payment Arrangement \_\_\_ By the state \_\_\_ By Personal \_\_\_ By employee

### Personal Data Questions:

\*1. Have you ever been convicted of any crime YES\_\_\_ NO\_\_\_

If yes, please explain \_\_\_\_\_

\* 2. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended or restricted by a state, federal or foreign authority? YES\_ NO\_

If yes, please explain \_\_\_\_\_

When do you want to start your class?

please specify date: \_\_\_\_\_

**(Evening clinicals are dependant on enrollment)**

Applicant Signature: \_\_\_\_\_ e-signature Today Date \_\_\_\_\_

Contact Person in case of Emergency

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

**I understand that there will be a \$35.00 fee for any returned personal check by me due to insufficient funds.**

**HOW DID YOU HEAR ABOUT US: Referral (who referred you)** \_\_\_\_\_

Facebook\_\_\_ Newspaper\_\_\_ Craigslist\_\_\_ Other\_\_\_\_\_