5111 Lone Tree Way, Antioch, CA 94531
PH/FAX: (800) 886-8651 PH: (925) 754-2879
admin@passinstitute.com

REGISTRATION FORM
Home Health Aide Training Program

_____ ____ _____
Last Name MI First Name

_____ _____ ____ _____
Address City State Zip

(_____)_____ _____ _____
Mobile Phone# Email Social Security Number

CNA Number: _____ Expiration Date: _____

Start date of class: _____ Total Number of Clock Hours to be completed: 40

FEES, CHARGES & EXPENSES (ALL FEES ARE NON-REFUNDABLE) Costs paid to school:
Registration Fee - $ 125.00 non-refundable
Tuition - 495.00 non-refundable once class starts
Total paid to school **$ 620.00**
*****You are responsible for this amount. The school does not provide financial aid. If you get a student loan, you are responsible for repaying the loan amount plus any interest.

SCHEDULE OF PAYMENTS: **Accepts Cash, Money order, Check, Visa, MasterCard.**
Return check fee $35.00. Credit card charge 3% of paid amount

- ◯ **Full Payment $ 495.00**
- ◯ **2 Installment payments (**includes $15.00/installment fee**)**
  - 1st Installment: $ 262.50 …….. Due on **First** day of class
  - 2nd Installment: $ 262.50 …… Due **Before** completion of course

REQUIREMENTS FOR CLINICAL ROTATION:
1. Recent TB clearance (within a year)
2. Immunization record for Hep B and Influenza (October-April)

Your signature on this agreement acknowledges that you have read and understand this registration form.

Print Name: _____ _____
Date

Signature: _____

SCHOOL USE ONLY

- O Copy of valid photo ID
- O Copy of CNA card

_____ _____
School Staff Date