



S&H Training Center, Inc. Student Registration Form

Complete the form below and mail, email or fax with payment or payment authorization to:

S&H Training Center, Inc.

921 Lakeridge Way SW #203A, Olympia, WA 98502

Email: sarah@sandhtraining.com Fax: 360-339-4476

STUDENT INFORMATION

Last name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Phone: (_____) _____ Date of Birth: _____

MM/DD/YYYY

Do you have a High School Diploma/GED? Yes No - **If no, you must pass a test before enrolling**

Class(es) you wish to register for (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Home Care Aide \$570 *
DSHS approved 75-hr training includes:
-- Skills Class:
<input type="checkbox"/> Olympia <u>or</u> <input type="checkbox"/> Renton
-- Dementia:
<input type="checkbox"/> Olympia <u>or</u> <input type="checkbox"/> Online (+\$5)
-- Mental Health:
<input type="checkbox"/> Olympia <u>or</u> <input type="checkbox"/> Online (+\$5) | <input type="checkbox"/> Dementia Level 1 \$90
<input type="checkbox"/> Olympia <u>or</u> <input type="checkbox"/> Online (+\$5) |
| <input type="checkbox"/> Nurse Delegation Core \$50
Olympia only | <input type="checkbox"/> Mental Health Level 1 \$90
<input type="checkbox"/> Olympia <u>or</u> <input type="checkbox"/> Online (+\$5) |
| <input type="checkbox"/> Nurse Delegation Diabetes \$60**
Olympia only | <input type="checkbox"/> Traumatic Brain Injury Level 1 \$90
<input type="checkbox"/> Olympia <u>or</u> <input type="checkbox"/> Online (+\$5) |
| | <input type="checkbox"/> Diabetes Level 1 \$90
<input type="checkbox"/> Olympia <u>or</u> <input type="checkbox"/> Online (+\$5) |
| | <input type="checkbox"/> Continuing Education Units (12) \$90
License #: _____
Expiration Date: _____ |

Online classes include a \$5 fee for shipping the workbook to the student

* Requires a \$270 deposit at time of registration, the rest is due the first day of skills class.

** Includes a \$10 DVD deposit that will be returned when the DVD is returned

Training Center Locations

921 Lakeridge Way SW, Olympia, WA 98502

405 SW 41st ST #407, Renton, WA 98057

Financially responsible Party

Self Pay Employer Pay Third Party Pay (Work Source, LTC Foundation., L&I)

Payment Information

Option 1: Check Check #: _____ Amount Enclosed: \$ _____

Option 2: Credit Card

S&H Training Center, Inc. Credit Card Authorization Form		
Name as it appears on card: _____		
Type of card: <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> VISA		
Credit Card #: _____	Expiration Date: _____ MM/Y'	
Billing Address: _____		
City: _____	State: _____	Zip Code: _____
Phone: _____	Email: _____	
AUTHORIZED USER OF CREDIT CARD		
Name: S&H Training Center, Inc. Phone Number: 360-539-7423		
Relation to Card Owner: Service Provider Type of Charges: Training services tuition and deposits		
Authorized Amount: \$ _____		
AUTHORIZATION OF CARD USE		
I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate. I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. If additional charges are going to be authorized a new form will have to be completed.		

SIGNATURE

DATE

Option 3: Third Party (for example: Your Employer, Work Source, LTC Foundation, Labor & Industries)

List third party payer company name: _____

Contact person name: _____

Contact person phone: _____



Contact person email: _____

Option 4: Cash

Please do NOT mail cash. Stop by the office if you wish to pay with cash, and please have exact amount.

STUDENT DATA COLLECTION FORM

The Workforce Board (the state agency that regulates this school) requires that we ask you for this information, by law (RCW 28C.10.050). Providing your social security number is voluntary. By law, the information you provide on this form cannot be given out by any state agency as public information. The Workforce Board will not disclose data to anyone except authorized Workforce Board employees or contractors working on specific research activities, who follow strict confidentiality procedures. This format follows the information required to be submitted by the school as part of the annual student data report.

	S&H Training Center, Inc 921 Lakeridge Way SW #203A Olympia, WA 98502 360-539-7423	405 SW 41 st St #407 Renton, WA 98057 253-260-4326	
www.SandHtraining.com			

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: ____/____/____

Social Security Number: _____ - _____ - _____

Race (Check only one box):

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hawaiian Native or other Pacific Islander | |

*Are you Hispanic in origin? Yes No

Sex: Male Female

*Are you disabled? Yes No

*Are you a military veteran? Yes No

Highest grade completed:

- | | |
|---|---|
| <input type="checkbox"/> Less than high school graduation | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Some post high school, no degree/certificate | <input type="checkbox"/> Doctoral Degree or above |
| <input type="checkbox"/> Certificate (less than 2 years) | <input type="checkbox"/> Other |

Student Signature

Date

School Representative Signature

Date