Helping Hands Home Healthcare and Staffing Agency, LLC
111 W. Washington St. Suite 310 –East Peoria, IL 61611
PH: 309-699-4715 • Fax: 309-699-4717 • www.helpinghandshealthcare.org

Helping Hands Home Healthcare
Basic Nurse Assistant Training Program
Application

First Name_____ Middle Initial _____ Last Name_____

Address_____

City_____ State_____ Zip Code_____

Phone Number_____ Email_____

Social Security Number_____ Highest grade completed_____

Did you receive your high school diploma?_____ What year?_____

Did you receive your GED?_____What year?_____

Have you ever attended HHH CNA training before?_____ If so, when_____

What class would you like to attend?_____

Fees

Tuition	$1210
Non-Refundable Registration Fee	$100
Books	$85
Lab Fee	$45
State Exam Fee	$75
Total Cost	$1515

We cannot guarantee that you will get the dates you preferred due to the limited class size. Preference is given according to the order registration are received prior to each course. There is a maximum class size of 10 and a minimum of 5.

I, the undersigned applicant, agree to include a non-refundable registration fee of $100 with this application to reserve a position for my preferred start date. If I do not complete the enrollment process or start class, I understand that the entire $100 registration fee will be retained. I also understand that this is a class registration form only and that I must be officially accepted by Helping Hands Healthcare Basic Nurse Assistant Training Program.

I authorize the release of my high school diploma/ transcripts or GED to Helping Hands Healthcare Basic Nurse Assistant Training Program.

Signed_____ Date_____

Mail this application form to: Helping Hands Healthcare Basic Nurse Assistant Training Program
111 W Washington St, Suite 310 East Peoria IL 61610

Agreement for payment plan

Purpose of this form: Use this form if you are not able to pay your full tuition balance at the time of being accepted into the program. You must meet all the due dates that are established by the Administrative Offices. These dates are the same for all students.

Student name:

Dates enrolled in class:

Terms and Conditions:
1. I agree to pay my tuition balance under the terms of the Plan. I request this benefit from Helping Hands Healthcare Basic Nurse Assistant Training Program.
2. I agree to pay all my installments on time understanding that this means on or before the due date established.
3. If I pay by check and it is returned for insufficient funds, then I will pay the penalty and late fee plus a $30 returned check fee.
4. Any changes I want to make on my payment plan must be done on or before the due date.
5. Tuition payments received are applied directly to my student account.
6. Any special circumstances that may affect my payment schedule, such as medical problems, must be communicated in writing to the Administrative Office.

Late Payment Policy
1. If I fail to pay the full amount due on or before the due date, I agree to pay a late fee of 0.2% on the amount per day. I understand that this late fee of 0.2% will be accumulating until the day I pay the total due. This penalty and late fee will be added to my account starting from the day following the due date. Late fee will only apply to the tuition and installment fee. Weekends and holidays are counted towards the late days.
2. After 1 week of account delinquency, I will be informed in writing by the Administrative Office of penalty and late fee. I understand that failure to pay my dues could affect my student status.
3. If I have any outstanding tuition balance, then I will not be able to enroll in future classes at Helping Hands Home Healthcare until I fulfill my obligation.
4. I understand that if I do not finish paying my balance in full that I will not be submitted to take the state competency exam. Paying the tuition in full is a requirement to pass the Helping Hands Healthcare Basic Nurse Assistant Training Program.

Student signature: Date:

Payment schedule:
Non-Refundable Registration Fee: $100.00

Down payment amount _____$472_____ Date due_____

First Installment amount: _____$472_____ Date due_____

Final Installment amount: _____$471_____ Date due_____

It is your responsibility to adhere to the due dates to avoid any additional fees.