



We Care Home Health LLC

PCA Course Registration Form

Course Session Enrolled _____

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Email: _____

TOTAL COURSE FEES: PCA Class \$180 or PCA & CPR \$235 (Heartsaver CPR AED)

1. All Fees and Deposits are NON-REFUNDABLE. X _____ (Initial)

Check Appropriate Registration Fee

___ PCA Class Initial Deposit (min. \$80) \$ _____ X _____ (Initial)

___ PCA & CPR Initial Deposit (min. \$135) \$ _____ X _____ (Initial)

Date paid: _____ X _____ (Initial) Balance Owed: \$ _____ X _____ (Initial)

2. How did you hear about this program:

___ Internet ___ Employment Agency ___ Friend (Name _____) ___ Returning Student

Cancellations/Changes and Refunds: All registration fees and initial deposits are NON-REFUNDABLE. All outstanding balances are due prior to first date of the enrolled course. In the event of inclement weather should We Care Home Health LLC need to close the training center during an already scheduled day of class, We Care Home Health LLC will reschedule an additional day of class at no additional cost to the student. Upon successful completion of the 40-hour program, all candidates who successfully complete the course will receive their PCA Certificate of Completion.

X _____ (Initial)

3. PAYMENT METHOD:

Please check appropriate payment method: ___ Cash ___ Check (Please make check(s) payable to We Care Home Health LLC)
___ DSS ___ Credit Card ___ Other

NOTE:

IF STUDENT DOES NOT COMPLETE THE COURSE SESSION IN WHICH THEY HAVE ENROLLED ABOVE, THE MONEY DOES NOT TRANSFER OVER TO ANOTHER CLASS DATE. X _____ (Initial)

COMPLETION OF THE COURSE DOES NOT GUARANTEE EMPLOYMENT. X _____ (Initial)

BY SIGNING BELOW, YOU ACCEPT ALL SAID POLICIES INDICATED IN THIS REGISTRATION FORM.

SIGNATURE: _____ DATE: _____