

Class #: _____

**ETI Technical College 2076 Youngstown-Warren Road
Niles, Ohio 44446 330.652.9919 ext. 120 Fax 330.652.4399**

**NURSE AIDE TRAINEE REGISTRATION FORM
(*Must be completed in full to be registered with state of Ohio)**

*Name: _____ *SS#: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Home Phone #: _____ *Work/Cell#: _____

*Email Address: _____ *DOB _____

Start Date/Time: _____ Total _____ paid _____ balance _____

Method of Payment: _____ Receipt #: _____

Received by: _____ Date: _____

REFUND POLICY: See enrollment agreement. **Price does not include dark blue uniform or white shoes, or 2 step TB test.**

Please initial

_____ **I am aware, that if I have a criminal background (felony, misdemeanor, etc.), it may hinder employment.**

TELEPHONE CONSUMER PROTECTION ACT (TCPA)

You agree, in order for us to service our account or to collect any amounts you may owe, we/assigns may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We/assigns may also contact you by sending text messages or e-mails, using any e-mail address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

TRUTH IN LENDING

Cost of credit is not included in the cash price of this program. NOTICE: Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods and services obtained pursuant hereto with the proceeds hereof. Recovery hereunder by the debtor shall not exceed amounts paid by debtor. If a student is granted extended payments, said payments shall not be more than (3) three installments. All student balances must be paid within 30 days of the last date of attendance as determined by the college. There will be no carrying charges or service charges connected with these payments other than the cancellation and withdrawal fees referenced above. Upon the end of the contract, we reserve the right to employ all legal remedies to obtain outstanding balances, including the use of a collection agent.

PLEASE READ THE BACK OF THIS FORM BEFORE SIGNING.

By signing my name below, I state that I have read both sides of this form.

Signature: _____

Date: _____