



1st Step CNA Training L.L.C.

Your first step to success.

STUDENT ENROLLMENT CONTRACT & APPLICATION

1st Step CNA Training L.L.C.

4015 State Street

Saginaw, Michigan 48603

Student Enrollment Contract

Program and Student hereto agree to the following:

This “Student Enrollment Contract” is made and entered into as of _____, 20 by and between (I) the 1st Step CNA Training LLC Program, whose address is 4015 State Street, Saginaw, Michigan 48603 and (II) the student applicant as identified below, hereinafter referred to as the “Student.”

WHEREAS, the Student desires to obtain nurse aide educational training services that have been approved by the Michigan Department of Licensing and Regulatory Affairs, and therefore desires to engage, enroll, and participate in the 1st Step CNA Training LLC Program, hereinafter referred to as the “Program,” which is owned, operated, and offered by 1st Step CNA Training LLC.

WHEREAS, 1st Step CNA Training LLC hereby accepts such engagement upon the terms and conditions stated in the Student Enrollment Application (“Application”), in this Student Enrollment Contract, and in the Student Handbook (“Handbook”). By entering into this Student Enrollment Contract, the Student also acknowledges that she/he has read, understands and accepts the terms and conditions set forth in this Student Enrollment Contract, hereinafter referred to as the “Contract.” Now, therefore, in consideration of the mutual promises and covenants herein contained:

Section I – General Information

Program Name: 1st Step CNA Training L.L.C.

Program Director: Latosha Corley, RN

Address: 4015 State Street. Saginaw, Michigan, 48603

Business Phone: (989) 401-9898 Fax: (989) 401-8412

Email: info@1ststepcnatraining.com

Website: www.1ststepcnatraining.com

Program Status: Approved by Michigan Department of Licensing and Regulatory Affairs

Accreditation: State approved; not accredited

***Training Site Number:** _____

***Start Date:** _____

Total Course Duration: 75 Hours

Section II – Student Enrollment Application

Session Enrollment:

Two (2)-Week Day
Session

Four (4)-Week
Evening Session

Five (5)-Week
Weekend Session

Payment:

Cash/Check

Online

Sponsored

Payment Plan Option:

Four (4)-Week Session

Five (5)-Week Session

Student Information (please print clearly):

Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Applicant's Signature

Date

This Contract is nontransferable to any other person and incorporates by reference, the additional terms and conditions defined in the Application, including the acceptance standards and the payment terms selected in the Application.

****For Office Use Only:***

Date Received: _____

By: _____