

Warrenville Health and Home Training Center
10001 Roosevelt Rd. Suite 201
Westchester IL 60154
312-900-3986
www.warrenvillehealth.org
info@warrenvillehealth.org

ENROLLMENT AGREEMENT

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBERS: H) _____ M) _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY: _____ BIRTH DATE: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE #: _____

PROGRAM ENROLLED

Blended Basic Nursing Assistant Training Program (BNATP)

COURSE CODE: _____ START DATE: _____

Basic Life Support (BLS) Course

COURSE CODE: _____ START DATE: _____

STUDENT INITIAL _____

PROGRAM INFORMATION

The **Basic Nursing Assistant (BNA)** Program at Warrenville Health and Home Training Center is a Hybrid program designed to prepare students for entry-level employment as nursing assistants in a variety of healthcare settings, including long-term care facilities, hospitals, and home health agencies throughout the State of Illinois.

This program is approved and structured in accordance with the requirements of the Illinois Department of Public Health, the Illinois Board of Higher Education, and applicable federal guidelines governing nurse aide training programs.

This is a **hybrid program** combining online instruction with in-person laboratory and clinical training.

- **Online (Didactic) Instruction:** Delivered through **Google Classroom**
- **In-Person Skills Lab:** Conducted at the school's approved training facility
- **Clinical Training:** Conducted at an approved healthcare facility under instructor supervision

The program consists of a minimum of **120 total clock hours**, in compliance with Illinois state requirements:

- **62 hours – Classroom/Theory (Online via Google Classroom)**
- **18 hours – Laboratory Training (In-Person, Supervised)**
- **40 hours – Clinical Training (In-Person, Supervised)**

The program curriculum includes, but is not limited to, the following topics:

- Introduction to Healthcare and Nursing Assistant Roles
- Infection Control and Standard Precautions
- Safety and Emergency Procedures
- Communication and Interpersonal Skills
- Resident Rights and Ethical Care
- Basic Nursing Skills (vital signs, positioning, transfers)
- Personal Care Skills (bathing, grooming, feeding)
- Mental Health and Social Service Needs
- Care of Cognitively Impaired Residents
- Restorative Services and Rehabilitation
- End-of-Life Care

Upon successful completion of all program requirements, students are eligible to take the Illinois Nurse Aide Competency Examination (INACE) up to one year after completion of the program.

Students who pass the exam will be eligible for placement on the Illinois Nurse Aide Registry, as required for employment as a Certified Nursing Assistant (CNA) in the state of Illinois.

The **Basic Life Support (BLS)** course for healthcare providers and individuals requiring certification in life-saving skills is offered at Warrenville Health Training Center and is a mandatory requirement for

completion of the Basic Nursing Assistant Program, however students may obtain certification from any approved AHA BLS training facility (Note: students can not complete the BNA program without BLS certification). The Warrenville Health BLS course is conducted in accordance with the standards of the American Heart Association and is formatted as follows:

- **Delivery Method:** In-person, instructor-led
- **Course Length:** Approximately 4–6 hours

The BLS course includes:

- High-quality CPR for adults, children, and infants
- Use of an Automated External Defibrillator (AED)
- Effective team dynamics and communication
- Relief of choking (airway obstruction)

Upon successful completion, participants receive an official **American Heart Association** certification card, valid for two (2) years.

Technology Requirements

Warrenville BNATP utilizes Google Classroom, part of Google Workspace for Education, as its primary Learning Management System (LMS) to deliver hybrid and online components of the program. This platform supports:

- Distribution of course materials, assignments, and instructional content
- Communication between instructors and students
- Submission and grading of assignments
- Tracking student participation and progress
- Google Workspace applications (Docs, Slides, Forms, Drive)
- Email communication via secure platforms
- Video conferencing tools (e.g., Google Meet) for virtual instruction and support

To use Google Classroom, students need an active internet connection, a compatible device (computer or tablet), and a Google account, typically provided for free via the google platform.

Essential Requirements for Students:

- Computer, laptop, or tablet (student-owned)
- Reliable internet connectivity
- Web Browser: Access via a web browser (Chrome, Firefox, Safari, or Edge).
- Video streaming capability for instructional content
- Google Account Workspace applications (Docs, Slides, Classroom)
- Class Code: A unique code shared by the teacher is required to join a specific class initially.

These technologies are widely accessible, user-friendly, and compatible with computers, tablets, and smartphones, ensuring accessibility for all students.

ADMISSION REQUIREMENTS

All applicants must:

- Be at least 16 years of age, of temperate habits and good moral character, honest, reliable and trustworthy.
- Provide valid government-issued identification
- Valid Social Security Number or Individual Taxpayer Identification Number (Illinois allows ITIN holders to become certified, however ITIN holders require additional work authorization to legally work in Illinois)
- Submit proof of completed medical physical with required immunizations
- Complete Illinois Healthcare Worker Background Check (at no cost via IDPH)
- Submit fingerprints criminal background check (estimated cost \$40-\$60)
- Complete and pass drug screening test (estimated cost \$45)
- Demonstrate ability to read, write, and understand English
- Review and Sign the Student Enrollment Agreement

FINANCIAL AID

Warrenville Health and Home currently does not currently participate in federal or state financial aid programs. Students are responsible for full payment of tuition and associated fees or according to the agreed payment schedule. Payment plans may be available in which payments can be submitted in 3-6 weekly payment schedules with full tuition due prior to receiving certification of completions.

TUITION & FEES

Basic Nursing Assistant Training Program

- Registration Fee (Non- refundable): \$50
- Tuition: \$750

Basic Life Support Course

- Course Fee: \$50

Additional cost includes: Nursing Assistant Care book for \$67 and Uniform Scrubs \$40.

ATTENDANCE POLICY

- Students must complete 100% of the required 120 hours (Theory 62hrs, Lab 18hrs, and Clinical 40hrs). Breaks are not included in required hours.
- Failure to complete any portion of required hours will result in automatic course failure.
- Tardiness and early departures may be counted as absences.
- Make-up sessions are not guaranteed and are subject to administrative approval.

WITHDRAWAL POLICY

Students choosing to withdraw must submit a written notice to authorized officials. The effective withdrawal date is the date the written notice is received by the school. Failure to attend classes without notification of withdrawal does not constitute official withdrawal.

REFUND POLICY

Warrenville Health and Home offers 100% refund if course is dropped within the cancelation period; no refunds are given after this period, or on or after the first day of the course. Students are responsible for tuition if they stop attending without officially withdrawing by written notice.

COMPLAINT POLICY

All complaints must be submitted in writing to the Program Director at info@warrenvillehealth.org. Administration will review and respond within 10 business days. If circumstance remains unresolved students may escalate concerns to the appropriate state regulator agency, Illinois Department of Public Health. To file a formal complaint with Illinois Department of Public Health (IDPH) by calling 1-800-252-4343 or emailing DPH.CCR@illinois.gov.

NOTICE TO STUDENT

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read all pages of this contract before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian. All terms and conditions of the agreement are not subject to amendments or

modification by oral agreement.

6. The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

STUDENT'S RIGHT TO CANCEL

The student has the right to cancel the initial enrollment agreement until 11:59PM of the 5TH business day after the student has been admitted. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund on all monies paid to date within 45 days of cancellation. Cancellation should be submitted to the authorized official of the school in writing.

STUDENT ACKNOWLEDGMENTS

1. I hereby acknowledge receipt of the school's catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement, and I acknowledge that I have received a copy of this catalog.

Student Initials _____

2. I have carefully read and received an exact copy of this enrollment agreement.

Student Initials _____

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

Student Initials _____

4. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

Student Initials _____

5. I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, [school name] must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.

STUDENT INITIAL _____

Student Initials _____

6. I understand that the school does not guarantee job placement to graduates upon program completion.

Student Initials _____

7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333, Springfield, IL 62701 or at www.ibhe.org.

Student Initials _____

This institution is approved to operate by the Illinois Board of Higher Education (IBHE) under the Private Business and Vocational Schools Act. Approval does not imply endorsement. The institution complies with all applicable state regulations.

The student acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

Student's Signature

Date

Program Director's Signature

Date