Family 1st of Virginia

Student Enrollment Agreement

1403 Pemberton Road, Suite 306
Henrico, VA 23238
Tel: 804-416-6831
Fax: 804-416-6823
www.fam1stofva.com

Admission Checklist

1. ____ Application complete
2. ____ Choose course date/ time/ location
3. ____ Sign up for CPR class if you don't already have a card

   _____ (class date)
4. _____ Background check complete (See last page for details go to viewpoint screening and find the school ***Family 1st of Virginia***)
5. ____ Student pricelist (choose items in which you wish to purchase)
6. ____ Code of conduct (dress code/ tardy/absence policy)
7. ____ Cancelation policy
8. ____ Refund policy
9. ____ Copy of required documents
   - CNA/ PCA certificate ____
   - 2. Copy of valid ID ____
   - 3. PPD/ Chest x-ray ____
   - 4. CPR/First Aid $ 75 ____

___ Payment Agreement completed and signed

(*You CANNOT go to clinical unless your balance is paid in FULL*.)

Revised: July 2025

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Student Information:

STUDENT NAME:	HOW DID YOU HEAR ABOUT US?
ADDRESS:	CITY/STATE/ZIP:
TELEPHONE: (H)	CELL:
EMAIL:	WORK:
SOCIAL SECURITY # (Last 4 digits):	DATE OF BIRTH:
EMERGENCY CONTACT:	CELL:
RELATIONSHIP:	

PROGRAM INFORMATION: (for office use only)

DATE OF ADMISSION:_____ PROGRAM/COURSE:_____

PROGRAM START DATE: _____ ANTICIPATED END DATE: _____

□ DAY **□ EVENING**

TIME OF DAY/EVENING CLASS BEGINS: _____

TIME OF DAY/EVENING CLASS ENDS: _____

NUMBER OF WEEKS: _____ TOTAL CREDIT/CLOCK HOURS:_____

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EDUCATION

Name of High School or College	Years attended	Degree/Diploma	Major

Other Trainings	Certificate Received	Date

REFERENCES

Please list 2 Non-Relative persons you have known for at least a year.

Reference 1:
Name:_____ Relationship:_____
Day Phone: _____ Year(s) known:_____

Reference 2:
Name:_____ Relationship:_____
Day Phone: _____ Year(s) known:_____

I hereby certify that all statements, answers, and representations on this form, are true, complete and accurate.
Print Name:_____
Signature:_____ Date:_____

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CANCELLATION AND REFUNDS Policy

1. Student Applicants who cancel before or on the first day of class will be charged a $100.00 non-refundable fee to cover the cost of enrollment processing.

2. Student who withdraws or is terminated after three (3) classroom sessions **WILL NOT** receive their down payment. If you have paid in full, please refer to to the REFUND POLICY. If grant you will receive a refund, but **MINUS** your down payment and REFUND SCALE.
3. Please note that a refund will come in the form payment method, and takes 7-14 business days to process.

Print Name: _____ Date:_____

Signature:_____

Administrator Name:_____ Date:_____

Administrator Signature:_____

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Refund Policy

Will I be able to receive a refund for the Class I am taking?

There are no refunds granted once an applicant has applied for a class and has begun making payments. The only exception would be if a background check returned with a barrier crime. Family 1st of Virginia Healthcare and Safety Training Center will make every effort to assist each student with arrangements to accommodate his/her scheduling needs in reference to re-scheduling classes and payment. Family 1st of Virginia Healthcare and Safety Training Center, at its sole-discretion, has the right to revisit this policy. If a refund is given, the process will take 7-14 business days to make a decision, and you will be notified via phone and a check will be mailed. If you have made any partial payments, you will not receive any refund. Refunds only granted to those who paid in full. (Please see guidelines below).

Refunds will be returned as follows:

Class time days	Amount of Refund Only if you Paid in full doing the time of enrollment.
1-3	Everything-minus down payment
4-6	60%
7-9	40%
10-12	20%
13-20	None (Please speak with office to re-schedule another class.)

Signature of Student _____ Date _____

Signature of School Official _____ Date _____

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CRIMINAL DISCLOSURE AND AGREEMENT

I_____ have been made aware and understand the ramifications of the following offenses, in regard to my enrollment and progression in a Family 1st of Virginia Training program as it relates to me:

1. Barrier Crimes
2. Felony and Parole violation /or misdemeanor convictions(s),
3. Guilty plea or NO CONTEST to any crime which indicates that one is unfit or incompetent to practice as a health care provider or that one has deceived or defrauded the public, and/or
4. Complete your background check before class start at: viewpointscreening.com

Before I can enroll or continue in courses with a clinical component, any crime of which I have been convicted must be disclosed to FAMILY 1ST of VIRGNIA Healthcare and Safety Training Center

List criminal offenses here (YOU WILL STILL HAVE TO DO A BACKGROUND CHECK)

1._____

2._____

3._____

Clinical agencies have the right to refuse a clinical practicum for students in their facilities. Therefore, I may be unable to successfully complete the program because clinical objectives cannot be met, and I will be dismissed from the program.

I release Family 1st of Virginia Healthcare and Safety Training Center of any and all liabilities. I agree and promise Family 1st of Virginia Healthcare and Safety Training Center that I will not seek employment in the healthcare industry while any **MISDEAMNOR/ FELONY are pending on my criminal records.**

_____ _____
Student Signature Date

_____
Student Print Name

_____ _____
Administrator Signature Date

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Complaint/Grievance Procedure Policy

If you have any problems or complaints while attending Family 1st of Virginia Healthcare and Safety Training Center, please follow the procedure outlined below: First, discuss the issue with your Instructor. The instructor will make every effort to resolve the issue. However, if you are not completely satisfied with the result, you should submit a written complaint that is signed and dated by the student. An appointment will be scheduled with the school Administrator, James Gough, in order to make every effort to resolve the complaint. The complaint and its results will be documented and kept on file.

Non- Discrimination Policy

Family 1st of Virginia Healthcare and Safety Training Center is committed to the principle of equal opportunity in education and employment. The Institute does not discriminate against individuals on the basis of race, color, sex, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, ancestry, or national or ethnic origin in the administration of its educational policies, admissions policies, employment policies, or any other characteristic protected under applicable federal or state law.

Pregnancy Policy

If you know that you are pregnant at any point during your CNA/MED TECH training. For your safety you must disclose this during enrollment, and you must make your instructor aware you also have a note from your doctor stating that you are healthy and able to lift 50 LBs, before you may start. Failure to do so may result in you being dropped out of the program. _____ (Initials—Women Only)

CONFIDENTIALITY POLICY

I shall not, directly or indirectly, communicate orally, in writing, or by e-mail, social media, or through any other means, any Confidential Information to any unauthorized person. I agree to maintain confidentiality of all DIRECT or INDIRECT information obtained during my student enrollment at Family 1st of Virginia; including financial, technical, or proprietary information of the organization and personal and sensitive information regarding any students or staff of the school. If confidential information has to be discussed, I will do so with school management in privacy away from other students and staff. _____(Initials)

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Dress Code Policy

Please understand that this dress code is for the **classroom** as applied:

1. **NA-Royal Blue**
2. **MED TECH-Red**

Students must follow dress code rules.

1. You must wear a neat, clean and pressed uniform the first day and every day of class.
2. Uniform is to be worn the entire day during class.
3. You must also wear your required color uniform, no substitute.
4. Crocs are recommended for NA students.
5. Absolutely, NO Du-rags, hats, scarves, hair bonnets, or any other head or dress wear that's deems to be not nursing or healthcare related.

Code of Conduct Policy

1. Be responsible and accountable for his/her personal and professional judgments and action.
2. Take action when health care and safety are at stake such as reporting dishonesty, unethical behavior in the classroom or clinical site, sharing of clinical personal clinical exams with other students, etc.
3. Be academically honest. Dismissal from the program may result if there is a breach in this contract.
4. Be free from impairments or the smell of illegal substances. Any nursing student found to be under the influence, or the smell of an illegal substance will be subject to disciplinary actions including dismissal from the site/facility, criminal prosecution, and/or referral to an assistance or rehabilitation program. All these consequences will take place at the discretion of faculty.
5. Refrain from using cell phones and other forms of electronic communication while in the classroom and in the clinical site.
6. Will only smoke in designated areas at designated times.
7. Will not chew gum during clinical sessions.
8. Any form of disrespect towards the school or its instructors will be grounds for termination.

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Absence and Tardiness Policy

You are responsible for notifying the instructor in advance of any absence or tardiness from class.

1. Any (un) excused absence or tardies are grounds for termination from the program.
2. Additional fees, of $50.00 per session, for private tutoring, missed make-up or clinical day(s), to meet the program requirements for completion.
3. If you have more than two unexcused tradies and more than one unexcused absence
   YOU WILL NOT GO TO CLINICALS.
4. **It is the student's responsibility to make arrangements to make up missed time, in order to be eligible to go to clinical and finish the program**.
5. If absent, the student is responsible for obtaining all class notes, announcements, and assignments for the day or day's the student missed. _____(Initials).

Termination Policy:

Students must establish and maintain a record of good standing throughout their program. Family 1st of Virginia Healthcare and Safety Training Center, LLC reserves the right to dismiss/terminate a student for any of the following reasons: More than two (2) unexcused tar dies, More than one (1) unexcused absent days, failure to maintain an 80% in classroom and clinical portion of the program, disruptive or disorderly conduct, cheating, and non-payment of tuition. _____ (Initials).

Employment Assistance

Family 1st of Virginia Healthcare and Safety Training Center does not guarantee job placement to graduates upon program completion or upon graduation. Ultimately, the student is solely responsible for securing employment. We will provide employment assistance upon graduation. The student has the choice to work with any employment agencies or organizations they choose. _____ (Initials)

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Rescheduling Program Start Date

Family 1st of Virginia Healthcare and Safety Training Center reserves the right to reschedule the program if there are not enough students enrolled in a program. If there are **NOT ENOUGH** students enrolled in any particular program. You will be contacted the Friday before class starts if class has to be canceled. Please be mindful that you will be asked to push back your class date. Also, the clinical site may cancel our expected clinical date due to unforeseen circumstances. Please be mindful that this is not the fault of Family 1st of Virginia, and we will work as quickly as possible to reschedule a date.

****Please be aware that up most be able to lift + 50LB, stand, push and pull and verbally comprehend the information taught during the class, and for the medication tech program you must be able to read and write. If you don't think you are able to meet these requirements, please make the **enrollment advisor** aware.*

We thank you in advance for your cooperation.

_____ _____
Student Signature Date

_____
Student Print Name

Revised: February 2025

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Requirements to Attend Clinical

1. Satisfy all financial obligations prior to attending.
2. A current copy of Student's PPD/ Chest X-ray must be on file. (CNA and 68 Hour Medication Aide)
3. Criminal Background check must be on file.
4. A valid copy of CPR & First Aid Certification must be on file. (CNA and 68 Hour Medication Aide)
5. A passing grade of 80% in an enrolled program.
6. A minimum attendance hours logged (based per program)
7. Student must wear ironed scrub uniform, name badge (all classes) and a watch with a second hand to attend (CNA and Medication Aide).
8. ALL CNA Students MUST attend the American Heart BLS (Basic Life Support) CPR course scheduled for their class. If this course is not attended, and additional $120.00 fee

Documents can be email to: infofam1stofva@gmail.com

Certification and State Board Testing Requirements

1. Along with all the items listed in "Requirements to Attend
2. Earn a "Satisfactory" clinical performance from

I_____agree to the above-stated requirements for the Course and I understand that if the requirements are not fulfilled as stated above, I may not attend Clinical nor receive a Completion Certification until they are fulfilled.

Missed Clinical days for non-compliance or tardiness will be assessed a minimum of fifty ($50.00) per missed day and will be required to be made up. It is my responsibility to reschedule clinical day(s) with an Instructor.

_____ _____
Student Signature Date

_____
Student Print Name

_____ _____
Administrator Date

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General Photography Release

I hereby authorize (Family 1st of Virginia Healthcare and Safety Training Center), hereafter referred to as "Company," to publish photographs taken of me during my class and clinical instruction, and my name and likeness, for use in the (Family 1st of Virginia Healthcare and Safety Training Center)'s print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless (Family 1st of Virginia Healthcare and Safety Training Center) from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release (Family 1st of Virginia Healthcare and Safety Training Center), its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Authorization Yes_____ I authorize (please fill out information below) or NO_____

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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Financial Aide Options. Please check an option

Please check the box that applies to you.

☐ **Bill Me Later** (line of credit from Afterpay. This is subject for credit approval from Bill me Later). To start the process please visit family1stofva.com website. Visit Afterpay.com for more details.

☐ **Tuition Payment in Full**

☐ **Payment Plan (See next page for details)**

☐ **VEC Unemployment Workforce Occupational Skills Training**

Chesterfield Resource Workforce Center
7333 White pine Road
Richmond, VA 23237
Chesterfield Airport
Complex
Comprehensive (804) 271-8510

Henrico East Resource Workforce Center
5410 Williamsburg Road
Sandston, VA 23150
Across from Richmond
International Airport
Satellite (804) 226-0885

Richmond Resource Workforce Center
6301 Midlothian Turnpike
Richmond, VA 23225
Across from Pep Boys Comprehensive
(804) 675-9910

☐ **Other (social services, trade program, Department of Rehab, etc…..)**

_____

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Student Pricelist

ONLY FOR Work Program

Package 1	Package 2
Background CPR	Background CPR Textbook
Total: $67.000	Total: $127.00

Package 3	Package 4
Background CPR Book Stethoscope Blood Pressure Cuff	Background CPR Book Stethoscope Blood Pressure Cuff TB Screening
Total: $157.00	Total: $185.00

Package 5	Package 6
Background **CPR** **Book** **Stethoscope** **Blood Pressure Cuff** **TB Test** **Uniform (1 Set)**	**Background** **CPR** **Book** **Stethoscope** **Blood Pressure Cuff** **TB Test** **State Board Test** **Uniforms (1 set)**
Total:$225.00	Total: $425.00

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Payment Agreement

I,_____ (Student Name) do hereby agree to the following payment agreement for the NA Program (Program Name) Family 1st of Virginia Healthcare and Safety Training Center.

Total Tuition: $_____

Down Payment $_____ Date:_____ Received by:_____

Balance Due $_____

Payment Schedule: _____(#) Payments of $ _____Each

Due Date #1:_____ Amount Due: $_____

Due Date #2:_____ Amount Due: $_____

Due Date #3:_____ Amount Due: $_____

The due balance may be paid in full at any time prior to the due dates.

PAID IN FULL_____ Received by: _____

Payments must be paid on time according to the above indicated schedule. Past due payments will be assessed a ten percent (10%) late fee.

The balance due must be paid in full before the student attends clinical. Students will not receive a Program Certificate until all fees are paid. If you are being sponsored by an Nursing Agency the Certificate will be given and delivered to the Sponsoring Nursing Agency. You will not receive a copy. This includes any make-up day fee(s), subject to a minimum of fifty dollars ($50.00) per session.

I have read, understand and agree to the above terms and conditions.

Student Name (Print):_____

Student Signature: _____

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NOTICE TO STUDENTS

This agreement is a legally binding instrument. Both sides of the contract are binding only when the agreement is accepted, signed, and dated by the authorized official of the school.
If requested, Student is entitled to an exact copy of this agreement and any disclosure pages signed.
This agreement and the school catalog constitute the entire agreement between the
Student and Family 1st of Virginia Healthcare and Safety Training Center
The school does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution.

CONTRACT ACCEPTANCE

I, the undersigned, have carefully read and understand this entire agreement. It is further understood and agreed 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. I also understand that if I default upon this agreement, I will be responsible for payment of any collection fees or attorney fees incurred by Family 1st of Virginia Healthcare and Safety Training Center. My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

_____ _____
Signature of Student Date

_____ _____
Signature of School Official Date

REPRESENTATIVE CERTIFICATION

I hereby certify that_____has been interviewed by me and in my judgment, meets all requirements for acceptance as a student in the _____ (Program Name) at Family 1st of Virginia Healthcare and Safety Training Center, as described in the school information package. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

_____ _____
Signature of School Official Date