



**Milwaukee Catholic Home
Management Services, LLC**
Milwaukee Catholic Home
Clement Manor
Mount Mary University
For More Information call
(414) 748-4450 or email
ajones@trinityseniorservices.org

Nurse Aide Training Course Application

Thank you for your interest in our Nurse Aide Training Course! We look forward to helping you start your exciting new career in the medical field. To apply, please fill out this application and email it to Human Resources, at HR@trinityseniorservices.org.

Note: Applicants must be at least 16 years old by the first day of class. Applicants under age 18 must print this application and have a parent or guardian complete the last 2 pages.

Student Information

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

County: _____ Cell Phone: _____ Alternate Phone: _____

Personal Email Address (not work or school): _____

NOTE: Class communication is sent through email and text. You MUST provide an email you check regularly.

Please note any special considerations that might affect your ability to participate in this program:

COVID VACCINE REQUIREMENT

Due to requirements by local healthcare facilities, Milwaukee Catholic Home Management Services, LLC requires all students to be vaccinated for COVID-19 prior to attending the first in-person lab day. Vaccination requirements apply to ALL students and instructors. Vaccination proof must be presented prior to in-person training.

- Yes, I have received the COVID vaccine and will provide proof of vaccination (may include a booster)
- No, I have not received the COVID vaccine but I will be fully vaccinated by the first in-person lab day and I will provide proof of vaccination
- No, I have not received the COVID vaccine and I would like to be considered for a Medical or Religious Exemption.

Emergency Contact Information

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Secondary Emergency Contact Name: _____

Relationship: _____ Phone: _____

Payment Information

The Nurse Aide Training course tuition cost is \$1280, which includes 75 hours of education, participant materials, and background check. A \$280 enrollment fee is to be paid upfront with acceptance of Application and \$1000 paid prior to the first day of class.

WisCaregiver Careers Scholarship includes a job with Trinity Senior Services (Milwaukee Catholic Home, Trinity Woods, Our Lady of the Angels Convent and Queen of Peace Friary), free nurse aide training, free CNA testing, and a \$500 retention bonus after 6 months! Must work full time upon completion of class until certified as CNA. Scholarships which pay for Nurse Aide Training course and wages during course are available for current employees who wish to continue working for Trinity Senior Services. (As part of accepting the scholarship funds, you are agreeing to remain employed by TSS for a period of at least 12 months.)

I would like to apply for a WisCaregiver Careers Scholarship and work for Trinity Senior Services.

I am a current employee of Trinity Senior Services and would like to apply for a Scholarship. I understand that if I do not finish the class within 6 months, I will be required to pay the course tuition cost.

I would like to just take the Nurse Aide Training Course and not apply for a Scholarship.

Please select the payment option that works best for you:

Credit Card

Name as it appears on Credit Card: _____

Credit Card number: _____ Exp Date: _____

Security Code: _____

Billing Address: _____

Check or Money Order

Mail to: Milwaukee Catholic Home Management Services, LLC
Attn: Nurse Aide Training Program
2462 N. Prospect Ave.
Milwaukee, WI 53211

How did you hear about us?

Mount Mary University

Clement Manor

Trinity Senior Services

WisCaregiver Careers

Employee: _____

Referred by Former Student:

Other: _____

Medical Information

Do you hear well? YES NO Do you see well? YES NO

Do you have any lifting restrictions? YES* NO *IF YES, A DOCTOR'S RELEASE IS NEEDED*

Are you currently pregnant? YES* NO *IF YES, A DOCTOR'S RELEASE IS NEEDED*

Please list any allergies: _____

Applicant Statement (Please read and check each box below):

- I certify that all information listed in this application is complete and accurate to the best of my knowledge. I understand that if any information provided to Milwaukee Catholic Home Management Services, LLC is false, my eligibility to participate in a Nurse Aide Training class may be revoked.
- I give to Milwaukee Catholic Home Management Services, LLC, its representatives and assigns, permission to receive, read, copy, and duplicate, any criminal justice summary data sheets forwarded from the state of Wisconsin Department of Justice (DOJ) as a result of submission of Wisconsin Criminal History Request Form (DJ-LE-250A), and any responses received from the Department of Regulation and Licensing (DRL) and the Department of Health and Family Services (DHFS) for purposes of fulfilling provisions of sections 48.685 and 50.065 of the Wisconsin Statutes.
- I understand that copies of the information listed above and received by Milwaukee Catholic Home Management Services, LLC will be presented/delivered to the Clinical Training Facility prior to entry into the clinical portion of the Nurse Aide Training program.
- I understand that based on the results of this information received by Milwaukee Catholic Home Management Services, LLC and presented/delivered to the local clinical sites prior to the clinical portion of the Nursing Aide Training course, I may be denied entry into the clinical portion of the Nursing Aide Training program.
- I understand that denial of entry into the clinical portion of the Nursing Aide Training course does not entitle me to reimbursement of any of the course fee paid or invoiced to date.
- I understand that in order to complete the online, knowledge-based materials, I must be able to read, write, and comprehend the English language at least at an eighth-grade level. I understand that completion of these materials is REQUIRED to pass the class. Failure to complete ALL required assignments by the dates outlined in my schedule will result in failing the course.
- I understand that I am required to provide proof of COVID-19 vaccination or have an approved exemption before the first in-person lab day. I am also required to complete a TB skin test by the date indicated on the class schedule. Failure to provide proof of COVID-19 vaccination/exemption and a TB skin test by the dates outlined on my schedule will result in removal from the Nursing Aide Training program.

Print Name

Date

Applicant Signature*

NOTE: If applicant is under age 18, all signatures must be handwritten and Parent/Guardian Consent Form must be submitted with this application. The Parent/Guardian Consent Form can be found at the end of this document.

***IF OVER AGE 18, applicant may sign electronically with a typed signature.**

By electronically signing this document, you agree to the following: Any signature (including any electronic symbol or process attached to, or associated with, a contract or other record and adopted by a Person with the intent to sign, authenticate or accept such contract or record) hereto or to any other certificate, agreement or document related to this transaction, and any contract formation or record-keeping through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based recordkeeping system to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Wisconsin's Uniform Electronic Transactions Act, or any similar state law based on the Uniform Electronic Transactions Act, and the parties hereby waive any objection to the contrary.



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Nursing Aide Training Program Information and Policies

Check the boxes below to indicate that you understand and agree to each policy.

- Attendance:** Attendance and punctuality are required for all class and clinical sessions. Refunds will not be given for missing class or clinical time. Students are responsible for scheduling and participating in make-up time for any missed classroom time as indicated in the course schedule. A participant missing eight (8) hours of the course for any reason must obtain the instructor's permission to continue the course. Those missing eight hours or more for any reason will generally be dropped from the course because of the inability to make-up the experiences missed. Zero hours may be missed from the clinical time. You WILL automatically fail if clinical time is missed. You are expected to be punctual for all classroom, laboratory, and clinical experiences. If you expect to be late, the instructor must be notified as soon as possible. Repeated or habitual tardiness could result in dismissal from the program (over three incidents of 10 or more minutes late).
- Dress Code:** A scrub top and scrub pants are required to be worn to each course session/activity. Footwear must be low-heeled, non-skid shoes with closed toes. Tennis shoes are acceptable. Socks must also be worn. Watch with a second hand is optional, but strongly encouraged. Students NOT wearing proper attire will be asked to go home and change. Missed time will fall under the attendance policy.
- Hygiene:** Personal hygiene is important. Daily bathing and use of deodorant are required. Aftershave, cologne, or perfume use is not appropriate for classroom and clinical activities. Outside of wedding rings, engagement bands, and small post earrings in earlobes, jewelry is not permitted. Facial piercing must be removed or covered. Fingernails should be short and clean. Absolutely NO fake or acrylic nails will be permitted. Hair should be clean and neat and should be tied back and away from the face.
- Substance Policy:** Due to our agreements with our location partners, smoking and vaping is prohibited during all class, clinical, and break times. The consumption of alcohol and/or drugs is prohibited before and during classroom periods.
- Conduct:** Attitude is as important as ability in nursing assistant work. Professional, respectful, and safe behaviors are expected at all times, both in the classroom and clinical settings. The following behaviors are expected and serious deviation may affect whether you pass or fail the course. You will be informed of any instructor concern.
*Attention and respect for instructor and guest speakers. *Participating in all classroom and laboratory activities.
*Courteous classroom conduct according to instructor's guidelines. *Neat, clean, and well-groomed clothing and appearance.*Conscientious attention to the details of clinical practice.

Equipment Use: Equipment and supplies are the property of Milwaukee Catholic Home Management Services, LLC and/or the clinical site and should not be damaged or altered. A student may be required to pay for the cost of any damaged or altered item(s). All supplies and equipment should not leave the classroom or clinical site. Students will be responsible for any equipment they damage due to negligence.

Course Completion: Payment of the course fee and attendance does not entitle the student to course certificate, licensure or employment. Completion certificates must be earned by attending and participating, demonstrating the knowledge, attitudes and skills which meet the course exit requirements. Students are expected to complete their online education, skills and assignments, and have a test score of at least 80% to be successful in the course.

- Cancellation Policy:** Students must email Human Resources at hr@milwaukeehome.org to withdraw from the course. "No Shows" are not considered officially canceled. If cancellation or dismissal occurs after class has started, no refund will be given. Students must withdraw from the course at least seven (7) days before class begins in order to receive a full refund. See Refund policy below.

Refunds: If a student decides not to take a class and notifies Milwaukee Catholic Home Human Resources less than seven (7) days before class begins, student will receive a refund of what has been paid less the enrollment fee. Occasionally there are significant life events – health issue, family emergency, etc., that make them unable to attend or complete a course. Students must provide documentation to be eligible for a waiver of the fees to be transferred into a future class. Students who have started the course are not eligible for a refund. Students do not receive a refund if they are dismissed from the course for cause or if they fail the course.

State Exam: The evaluation fee is not part of the training program. **The State Exam Testing fee is \$125. This fee is waved for those with a Scholarship.**

Media/Photo Information Release: Periodically throughout the training program the instructors will take pictures of the students practicing skills. These photos are then posted on our Facebook page and website for the students and our members to see. Students are then able to tag themselves or share the photos on their personal pages for their friends and families. Occasionally we use these photos for marketing purposes. Group photos are typically taken and shared on the last day of class.

- I agree to the terms and conditions of the media/photo information release.
- I choose not to have my photos posted but understand that it is then my responsibility to ensure that I am not included in any photos taken during the class or at graduation.

Inquiries: Program concerns and complaints should be emailed to Katie Grant, Chief Clinical Officer, at kgrant@trinityseniorservices.org. Katie will conduct a follow-up within two business days to address any situation.

I have read and understand all of the above terms and conditions. I agree to comply with the guidelines listed in the Nursing Aide Training Program Information and Policies.

Print Name

Date

Applicant Signature*

NOTE: If applicant is under age 18, all signatures must be handwritten and Parent/Guardian Consent Form must be submitted with this application. The Parent/Guardian Consent Form can be found at the end of this document.

***IF APPLICANT IS OVER AGE 18, applicant may sign electronically with a typed signature.** By electronically signing this document, you agree to the following: Any signature (including any electronic symbol or process attached to, or associated with, a contract or other record and adopted by a Person with the intent to sign, authenticate or accept such contract or record) hereto or to any other certificate, agreement or document related to this transaction, and any contract formation or record-keeping through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based recordkeeping system to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Wisconsin's Uniform Electronic Transactions Act, or any similar state law based on the Uniform Electronic Transactions Act, and the parties hereby waive any objection to the contrary.

BACKGROUND INFORMATION DISCLOSURE (BID)

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. Failure to comply may result in a denial or revocation of your license, certification, or registration, or denial or termination of your employment or contract.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.

Check the box that applies to you.

- | | |
|--|---|
| <input type="checkbox"/> Employee / Contractor (including new applicant)
<input type="checkbox"/> Applicant for a license, certification, or registration (including continuation or renewal) | <input type="checkbox"/> Household member (lives on premises, but is not a client)
<input type="checkbox"/> Other – Specify: _____ |
|--|---|

NOTE: If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – <i>First</i>		<i>Middle</i>	<i>Last</i>	
Position Title (Complete only if a prospective or current employee or contractor.)			Birth Date (MM/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Any Other Names By Which You Have Been Known (Including Maiden Name)				
Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown				Social Security Number
Home Address		City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity)				

A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

Note: The areas below that are designated for responses are expandable.

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?
 If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.
 You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?
 If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located.
 You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

3. **IMPORTANT: Read before completing item 3.**
Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY. “All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential.” Reports and records may be disclosed only to the persons identified in this section.
 If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.
 Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?
 If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|---|---|--|
| <p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?
If Yes, explain, including when and where it happened.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?
If Yes, explain, including when and where it happened.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?
If Yes, explain, including when and where it happened.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?
If Yes, explain, including credential name, limitations or restrictions, and time period.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |

SECTION B – OTHER REQUIRED INFORMATION

- | | | |
|---|---|--|
| <p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?
If Yes, explain, including when and where it happened.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?
If Yes, explain, including when and where it happened and the reason.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?
If Yes, indicate the year of discharge: _____
Attach a copy of your DD214, if you were discharged within the last three (3) years.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>4. Have you resided outside of Wisconsin in the last three (3) years?
If Yes, list each state and the dates you resided there.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years?
If Yes, list each state and the dates you resided there.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>6. Have you had a caregiver background check done within the last four (4) years?
If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe?
If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |

Read and initial the following statement.

_____ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name – Person Completing This Form	Date Submitted
------------------------------------	----------------

Parent/Guardian Consent Form

REQUIRED FOR ALL APPLICANTS UNDER THE AGE OF 18

By signing below, I represent that I am a parent/guardian of _____ (applicant name).

Medical Information: I certify the answers and statements under the Medical Information section are true. My child is in good health with no communicable disease, and physically able to perform the duties of a nursing assistant. I do hereby release this information to the Milwaukee Catholic Home Management Services, LLC administration and its instructors.

Background Information Disclosure Release: I give to Milwaukee Catholic Home Management Services, LLC, its representatives and assigns, permission to receive, read, copy, and duplicate, any criminal justice summary data sheets forwarded from the state of Wisconsin Department of Justice (DOJ) as a result of submission of Wisconsin Criminal History Request Form (DJ-LE-250A), and any responses received from the Department of Regulation and Licensing (DRL) and the Department of Health and Family Services (DHFS) for purposes of fulfilling provisions of sections 48.685 and 50.065 of the Wisconsin Statutes. I understand that copies of the information listed above and received by Milwaukee Catholic Home Management Services, LLC will be presented/delivered to the Clinical Training Facility prior to entry into the clinical portion of the Nursing Aide Training program. I understand that based on the results of this information received by Milwaukee Catholic Home Management Services, LLC and presented/delivered to the local clinical sites prior to the clinical portion of the Nursing Aide Training course, my child may be denied entry into the clinical portion of the Nursing Aide Training program. I understand that denial of entry into the clinical portion of the Nursing Aide Training course does not entitle me to reimbursement of any of the course fee paid or invoiced to date.

Hold Harmless Agreement: I agree to release and hold harmless Milwaukee Catholic Home Management Services, LLC from any and against any and all liability, loss, damages, claims or actions for bodily injury and/or property damage, in accordance with current state and federal law arising out of participation in this program.

Attendance: Attendance and punctuality are required for all class and clinical sessions. Refunds will not be given for missing class or clinical time. I understand my child is responsible for scheduling and participating in make-up time for any missed classroom time as indicated in the course schedule. A participant missing eight (8) hours of the course for any reason must obtain the instructor's permission to continue the course. Those missing eight hours or more for any reason will generally be dropped from the course because of the inability to make-up the experiences missed. Zero hours may be missed from the clinical time. Your child WILL automatically fail if clinical time is missed. You are expected to be punctual for all classroom, laboratory, and clinical experiences. If your child expects to be late, the instructor must be notified as soon as possible. Repeated or habitual tardiness could result in dismissal from the program (over three incidents of 10 or more minutes late).

Dress Code: A scrub top and scrub pants are required to be worn to each course session/activity. Footwear must be low-heeled, non-skid shoes with closed toes. Tennis shoes are acceptable. Socks must also be worn. Watch with a second hand is optional, but strongly encouraged. Students NOT wearing proper attire will be asked to go home and change. Missed time will fall under the attendance policy.

Hygiene: Personal hygiene is important. Daily bathing and use of deodorant are required. Aftershave, cologne, or perfume use is not appropriate for classroom and clinical activities. Outside of wedding rings, engagement bands, and small post earrings in earlobes, jewelry is not permitted. Facial piercing must be removed or covered. Fingernails should be short and clean. Absolutely NO fake or acrylic nails will be permitted. Hair should be clean and neat and should be tied back and away from the face.

Substance Policy: Smoking and vaping is prohibited during all class, clinical, and break times. The consumption of alcohol and/or drugs is prohibited before and during classroom periods.

HIPAA Requirements: I will reinforce the concepts my child will learn about the Health Insurance Portability and Accountability Act (HIPAA), which my child will need to follow while working in a healthcare facility during their required clinical times. I will encourage my child to keep all details regarding patients, staff, and situations within the healthcare facility confidential per HIPAA laws. While my child is participating in work experience during clinical times, I understand that, even as their parent, I am not allowed to know any information regarding patients, staff, and situations within the healthcare facility.

Conduct: Attitude is as important as ability in nursing assistant work. Professional, respectful, and safe behaviors are expected at all times, both in the classroom and clinical settings. The following behaviors are expected and serious deviation may affect whether your child passes or fails the course. You will be informed of any instructor concern. *Attention and respect for instructor and guest speakers. *Participating in all classroom and laboratory activities. *Courteous classroom conduct according to instructor's guidelines. *Neat, clean, and well-groomed clothing and appearance. *Conscientious attention to the details of clinical practice.

Class Expectations: I understand that to be successful in this program, my child must be able to read, write, and comprehend the English language at least at an eighth-grade level. Completion certificates must be earned by attending and participating, demonstrating the knowledge, attitudes and skills which meet the course exit requirements. Students are expected to complete their online education, skills and assignments, and have a test score of at least 80% to be successful in the course. I understand that all assigned class work is REQUIRED to pass the class. Failure to complete ALL required assignments will result in my child failing the program.

Cancellation Policy: I understand my child must email Human Resources at hr@trinityseniorservices.org to withdraw from the course. "No Shows" are not considered officially canceled. If cancellation or dismissal occurs after class has started, no refund will be given. I understand my child must withdraw from the course at least fourteen (14) days before class begins in order to receive a full refund. See Refund policy below.

Refunds: I understand that if my child decides not to take a class and notifies Milwaukee Catholic Home Human Resources less than seven (7) days before class begins, I will receive a refund of what has been paid less the enrollment fee. Occasionally there are significant life events – health issue, family emergency, etc., that make them unable to attend or complete a course. I understand that my child must provide documentation to be eligible for a waiver of the fees to be transferred into a future class. Students who have started the course are not eligible for a refund. I understand that they will not receive a refund if they are dismissed from the course for cause or if they fail the course.

State Exam: The evaluation fee is not part of the training program. The State Exam Testing fee is \$125. This fee is waived with Scholarships.

Vaccination/TB Requirements: I understand that my child is required to provide proof of COVID-19 vaccination or receive an approved medical or religious exemption before the first in-person lab day. My child is also required to complete a TB skin test at the clinical site as indicated on the class schedule. Failure to provide proof of COVID-19 vaccination and failure to complete a TB skin test will result in removal from the Nursing Aide Training program.

Media/Photo Information Release: Periodically throughout the training program the instructors will take pictures of the students practicing skills. These photos are then posted on our Facebook page and website for the students and our members to see. Students are then able to tag themselves or share the photos on their personal pages for their friends and families. Occasionally we use these photos for marketing purposes. Group photos are typically taken and shared on the last day of class. *You may choose to opt out of the following disclaimer below.*

Media/Photo Information Disclaimer: I give Milwaukee Catholic Home Management Services, LLC, its designees, agents and assigns, unlimited permission to use, publish and republish in any form or media, information about my child and reproductions of my child's likeness (photographic or otherwise) and my child's voice, with or without identification of my child by name.

- I agree to the terms and conditions of the media/photo information release.
- I choose not to have my child's photos posted and I understand that this means that my child will NOT be included in any photos taken during the class or at graduation.

Print Name

Date

Parent/Guardian Signature