**STUDENT INFORMATION**

Student Name:

Address:

City/State/Zip:

Home Number: Mobile Number: Other:

E-mail:

Emergency Contact: Number:

**PROGRAM INFORMATION**

Name of Program: Nursing Assistant Program Date of Admission: \_\_\_\_\_\_\_

Program Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Class Meets:  󠄅x󠄆 Full-Time Hybrid

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| --- | --- |
| Time Class Begins | 9:00 am |
| Time Class Ends | 5:00 pm |
| Number of Weeks | **8 Weeks** |
| Total Clock Hours | **120 Clock Hours** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Total Hours** | **App. Fee** | **Materials**  **Deposit** | **Tuition** | **Program Length** | **Circle Session Attending** |
| *Nursing Assistant Program* | *120* | *$50.00* | *$300.00* | *$950.00* | 8 Weeks | Full-Time |

**Tuition**

**Costs**

**Tuition: $ 950.00**

**Materials: $300.00 (Due at enrollment) *Cost subject to change without notice.***

**Textbook: $100.00**

**Lab Supplies: $80.00 (Pocket Nurse Practice Supplies, Liability Insurance)**

**SCDHHS Certification Exam: $ 120.00**

**Application Fee:** $50

**Total Cost**: $1300.00

* Deposit and application fee covered in total costs.
* Payment method can be cash, check, or credit card.
* Prices for materials are subject to change without notice.
* Students are responsible for purchase of electronic device to access course materials.
* Students are responsible for purchase of one scrubs top and bottom for the course.
* Students are responsible for the costs of certification exam costs after completion of program.
* Students will incur a $150.00 convenience fee per missed lab.

**PAYMENT OPTIONS:**

1. A payment of **a $300.00 deposit** is due with signing of the enrollment agreement for the cost of materials. *Cost subject to change without notice.*
2. Tuition options:

**Payment option 1**: Full payment of $**950.00** due no later than five (5) business days prior to class, payable by cash, check or credit card.

**Payment option 2:** A payment plan set-up fee of $**100.00** is added to the tuition balance, to be paid in **bi-weekly installments** in the amount of $**262.50** payable by cash, check, or credit card. Payments due on **Mondays of week 2, 4, 6, and 8.** (Tuition to be paid in full by week 8.) **Payment plan set-up fee is non-refundable upon cancellation of course.**

**Payment option 3:** Full payment of $**950.00** through agreement with **Meritize.**

1. These options are available to all students.
2. Payment may be made on campus or at <https://villagecareercenter.classreach.com>.
3. Cancellation and refunds based on cancellation and refund policy.
4. A student, who **fails** to make full payment of tuition and fees, including any incidental fees and late fees by the due date, may be dis-enrolled and prohibited from registering for classes until full payment is made. Grades, degree and official transcripts may be withheld from a student who fails to make payment prior to the end of the semester. A $**150.00** fee will be required for reinstatement for students who are dis-enrolled due to non-payment.

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| --- | --- | --- | --- | --- | --- |
| Option 1 | | Option 2 | | Option 3 | |
| Application Fee | $50.00 | Application Fee | $50.00 | Application Fee | $50.00 |
| Enrollment Material Cost (Due upon signing agreement) | $300.00 | Enrollment Material Cost (Due upon signing agreement) | $300.00 | Enrollment Material Cost (Due upon signing agreement) | $300.00 |
| Full Tuition (within 5 business days of start of class) | $950.00 | Set-up Fee | $100.00 | Full Tuition (agreement with Meritize) | $950.00 |
| □SHARE □GOODWILL  □AIM □GLEAMNS  □WIOA □OTHER |  | Monthly Payments (Monday’s week 2, 4, 6, 8, 10, and 12 of course.) | $262.50 X 4 |  |  |
| Total | $1300.00 | Total | $1400.00 | Total | $1300.00 |

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| Election | Option 1 󠄅 󠄆󠄆 | Option 2 󠄆󠄆 | Option 3 󠄆󠄆 | Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CANCELLATION AND REFUND POLICY**

**Rejection**: An application rejected by the institution is entitled to a refund of all monies paid.

**Three- Day Cancellation:** An applicant may cancel this agreement without penalty by notifying the institution within three (3) business days after signing this agreement, excluding weekends and holidays. After the third day, but before classes begin, the institution may retain up to $50.00 in administrative fees.

**Other Cancellations**: The minimum number of students in program/class is (3). If the course needs to be rescheduled due to low enrollment, students will be notified by phone and email. Students will have the choice of a refund in accordance with the institution’s refund policy or to attend the next scheduled class. If the class start date is changed for a second time, the student will be eligible for a full refund of all monies paid.

**Withdrawal:** Student(s) who wish to withdraw from this institution after classes begin will be subject to the below refund policy. The institution may retain up to $50 application/administrative fee after the three-day cancellation or after classes begin. Refunds will be computed to the below refund policy. Refunds are computed in ten-percent increments, rounded downward to the nearest ten percent of that period.  After sixty percent of attendance, the institution may charge for the entire course.  Refunds are issued within 40 days after the effective date of cancellation or last date attended.

**Material Cost Deposit Fee Disclaimer:** ***All efforts will be made to refund prepaid amounts for books, supplies and other materials unless the student has consumed or used those items and they can no longer be used or sold to new students or returned by the institution to the supplier as new merchandise.***

|  |  |
| --- | --- |
| **Hours Attended** | **Tuition Refund** |
| 1 – 12 | 90% |
| 13– 24 | 80% |
| 25– 36 | 70% |
| 37 – 48 | 60% |
| 49 – 57 | 50% |
| 58 –72 | 40% |
| 73– 120 | 0% |

**Refund calculation example (for a 120-hour course):**

**Please read each statement carefully. Mark each to your understanding and sign at the bottom.**

* I have received a copy of the catalog and enrollment agreement.
* I understand the deposit, tuition charges, payment options, and refund policy.
* I understand tuition must be paid in full based on out-lined payment plans.
* I understand completion of the program does not guarantee employment.
* I acknowledge that this agreement becomes a legally binding contract once completed and signed by both parties.
* I acknowledge that I will attend labs as scheduled or incur a $150 convenience fee per missed lab.
* I understand Village Career Center makes no claim or guarantee that credit earned will transfer to another institution.
* I understand a certificate of completion is awarded at graduation.
* I understand that Third-party loans must be repaid according to the terms of the note even if the borrower does not complete his or her education, cannot get a job after completion of the program, or is dissatisfied with the education.

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Signature of Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third Party Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Date

**Hold Harmless Statement**

Village Career Center and student acknowledge that there is some risk of accident or injury associated with use of equipment and other aspects of the course of study, including but not limited to direct care and contact of other students or clients at the clinical or training site. Student does hereby waive, release, and Village Career Center of any and all liability and all claims for damages for death, personal injury, or property damage which I may have or which hereafter accrue to me as a result of participation in the program whether or not caused by negligence or fault of Village Career Center.

This release is intended to discharge the school, and its officers, employees, representative, volunteers, and agents from and against any and all liability arising out of or connected in any way with my participation in the training, internship/externship, hands-on activities, practice, or other activities.

Knowing risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above that might otherwise be liable to me or my heirs or assigns for damages. I further understand and agree that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

In addition, I give permission to receive, if necessary emergency medical services by authorized personnel, and that any cost incurred as a result of such medical treatment will by my responsibility.

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Signature of Student Date

**CONTRACT ACCEPTANCE:**

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. 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 Village Career 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.

Signed this \_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_

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Print of Student

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Signature of Student Date

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Signature of School Official Date

**Representative’s certification:** I hereby certify that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

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Signature of School Official Date

**Village Career Center, LLC Federal Truth in Lending Statement**

**Tuition Information**

**Tuition for 2021- 2022 School Year: $1300.00**

**Disclosures Required Under the Federal Truth in Lending Act**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Annual Percentage Rate**  The cost of your credit as a yearly rate.  **0%** | **Finance Charge**  The dollar amount the credit will cost you.  **$100.00** | **Deposit**  The dollar amount paid on signing of enrollment agreement for materials.  **$300.00** | **Amount Financed**  The amount of credit provided to you or on your behalf.    **$950.00** | **Total of Tuition Payments**  The amount you will have paid after you have made all payments as scheduled.  **$1400.00** | **Total Sale Price**  The total cost of your purchase on credit.  **$1400.00** |

**Your payment schedule will be:**

**Option 2:**

|  |  |  |
| --- | --- | --- |
| Number of Payments | Amount of Payments | When Payments Are Due |
| **4** | **$262.50** | **Monday of week 2, 4, 6 and 8 of course.** |

**Late Charge:** Payments not made within a five (5)-business day grace period will be charged a late fee of $25.00 per week of outstanding payment. A student who fails to make full payment of tuition and fees, including any incidental fees and late fees, by the next scheduled payment due date may be dis-enrolled and prohibited from registering for future classes until full amount due is paid. Grades, degree and official transcripts may be withheld from a student who fails to make full payment prior to the end of the course. A $150.00 fee will be required for reinstatement for students who are dis-enrolled due to non-payment.

**Contract Reference/Prepayment:** If you pay any amount of this debt earlier than the due date, no penalty will be assessed.

**Non-Sufficient Funds:** A charge of $50.00 shall be added for each check or bank debit transaction returned for non-sufficient funds.

**Demand Features:** Village Career Center, LLC reserves the right to demand full payment prior to receiving certificate of completion of the course.

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Print of Student

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Signature of Student Date

DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of School Official Date