

Hearts 2 Heal Training Institute
hearts2healtraininginstitute@gmail.com
<https://hearts2heal4cnatraining.com>
708-887-8820

Tinley Park Location

Chicago Location

ENROLLMENT AGREEMENT

PROGRAM / COURSE NAME: Nursing Assistant & CPR Training

PREREQUISITE COURSES & AND OTHER REQUIREMENTS FOR ADMISSION TO PROGRAM / COURSE:

Picture ID, Social Security Card, Health Physical, TB testing, Fingerprinting and background check.

PROGRAM / COURSE OBJECTIVES: Train to become a certified nursing assistant and learn Cardiopulmonary Resuscitation

STUDENT INFORMATION

STUDENT NAME: _____

GENDER: _____ UNIFORM SIZE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH #: _____ SOCIAL SECURITY #: _____

PHONE NUMBERS: H) _____ C) _____ W) _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE #: _____

PROGRAM INFORMATION

DATE OF ADMISSION: _____/_____/_____

ID _____

Non-Refundable Registration Fee \$300

Total Tuition \$2300.00

Deposit _____

Balance _____

PROGRAM INFORMATION (CONTINUED)

PROGRAM START DATE: _____

SCHEDULED END DATE: _____

FULL-TIME PART-TIME DAY EVENING

DAYS/EVENINGS CLASS MEETS: (circle) M T W Th F Sa Sun

TIME CLASS BEGINS: _____ TIME CLASS ENDS: _____ Clinical _____ (8 hours)

NUMBER OF WEEKS: 8 TOTAL CLOCK HOURS: 120

TUITION & FEES

NON-REFUNDABLE REGISTRATION FEE:	\$300.00
TOTAL TUITION:	\$ 2300.00
Textbooks, Uniform, CPR Course:	Included

STUDENT RESPONSIBILITY

REQUIRED: Background Check \$39 (Accurate Biometrics)
Physical, TB Test, Second-hand watch, gait belt (optional)

FINANCIAL AID

Hearts 2 Heal CNA & CPR Training LLC does not accept financial aid.

TOTAL COST FOR PROGRAM / COURSE: \$ 2300.00

We accept Cash, Zella, Cashapp, PayPal and credit card (\$\$Additional Fee).

*WIOA grant accepted. *Payment plans available (AfterPay, Affirm, Klarna)*

REFUND / CANCELLATION POLICY

If you cancel your classes or withdraw from the school, you may be eligible for a tuition refund. Withdrawing from the school may have both academic and financial aid consequences (If applicable).

You are encouraged to understand the consequences before you decide to withdraw.

Tuition Refund Policy: To receive a full refund from the basic nursing program, students are required to submit in writing a letter requesting a refund/withdrawal within three (3) calendar days of the beginning of the course.

Tuition Reimbursement Schedule:

- Day 1-3 (first week of class) with a written statement of request to withdraw may receive 100% refund of tuition excluding \$300 non-refundable registration fee.
- Day 4-7 (Second week of class) with a written statement of extenuating circumstances may receive 50% of tuition excluding the non-refundable \$300 registration fee.
- Day 8 (third week of class) and after-**NO REFUND**
- Should the student wish to withdraw for any extenuating reasons, all refunds will be made according to the following refund schedule:

Cancellation Policy

- You have the right to cancel the course within three (3) calendar days of application/payment and receive a full refund of tuition apart from the non-refundable \$300 application fee.
- Should the program be canceled for unforeseen circumstances you may receive a full refund including a \$300 registration fee

Withdrawal Procedure

- Students must contact Hearts 2 Heal within three (3) calendar days by telephone with the intent to withdraw and submit in writing a withdrawal request.

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 amendment 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 (5pm) of the (3rd) 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 (30) days of cancellation. Cancellation should be submitted to the authorized official of the school in writing.

***ALL PAYMENT ARRANGEMENTS WILL BE MADE THROUGH AFTERPAY< AFFIRM<KLARNA ONLY**

CONSUMER INFORMATION

All schools are required to make available, at a minimum, the following disclosure information clearly and conspicuously on their 1) internet website, 2) school catalog, and 3) as an addendum to their Enrollment Agreement:

- The number of students who were admitted to the program as of July 1 of that reporting period.
- The number of additional students who were admitted in the program during the next 12 months and classified into one of the following categories: new starts, re-enrollments, and transfers into the program from other programs at the school.
- The total number of students admitted to the program during the 12-month reporting period.
- The number of students enrolled in the program during the 12-month reporting period who: transferred out of the program and into another program at the school, completed or graduated from a program, withdrew from the school, and are still enrolled. Zero, fourteen, two, fourteen.
- The number of students enrolled in the program who were: placed in their field of study, placed in a related field, placed out of the field, not available for placement due to personal reasons, and not employed.
- The number of students who took a state licensing exam or professional certification exam, if any, during the reporting period, as well as the number who passed.
- The number of graduates who obtained employment in the field who did not use the school's placement assistance during the reporting period (pending reasonable efforts to obtain this information from graduates).
- The average starting salary for all school graduates employed during the reporting period (pending reasonable efforts to obtain this information from graduates).

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 the 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 Initials _____

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

Student Initials _____

7. I understand that complaints that cannot be resolved by direct negotiation with the school per 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 _____

*Hearts2Heal CNA & CPR Training LLC is approved to operate by the Private Business and Vocational Schools Division of the Illinois Board of Higher Education. Direct complaints to The Illinois Board of Higher Education, 1 N Old State Capital Plaza Suite 333, Springfield, Il. 62701-1377. Or IBHE online complaint system (<http://complaints.ibhe.org/>)
Hearts2Heal CNA & CPR Training LLC is not accredited by the U. S Department of Education recognized accrediting body.

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 Signature

Date