

## SPRINGPACK HEALTHCARE CAREER, LLC

1144 WEST PIONEER PARKWAY, SUITE F,  
ARLINGTON, TX 76013

987 N WALNUT CREEK DR.  
UNIT 700, MANSFIELD, TX 76063

### STUDENT REGISTRATION CHECKLIST

- Check all signatures, initials and dates (*make sure registration takes place at least 3 days prior to class not including weekends*)
- Get copy of state issued ID (i.e. Texas Drivers License or ID, Green Card, or Passport or School ID) – (*cannot accept ID with expired dates or address on ID different from that of the State Exam application, exception ID is a school ID*)
- Get a copy of the Social Security Card (*Must be signed*)
- Get a copy of High School Diploma, GED, College Transcript or Entrance Test  
 (*Must have prior to program start date*)
- Check Memorandum of Understanding (MOU)
- Get initial payment (\$350.00 minimum) and inform them that the total amount is due on or before the class graduation date (*show student class calendar*)
- Ask student if they have any questions**

**SPRINGPACK HEALTHCARE CAREER, LLC.**

1144 WEST PIONEER PARKWAY, SUITE F,  
ARLINGTON, TX 76013

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MANSFIELD, TX 76063

**STUDENT REGISTRATION FORM**

DATE: \_\_\_\_\_

PROGRAM NAME: Nurse Aide

NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ ALTERNATIVE (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SCHEDULE:     DAY CLASS     EVENING CLASS     ONLINE CLASS  
 RECERT/RETEST     WEEKEND CLASS     AFTERNOON CLASS

METHOD OF PAYMENT:  CASH     CREDIT CARD/DEBIT     CHECK     WIA     SPECIAL PROGRAM

FEE: TUITION \$ \_\_\_\_\_ BOOKS \$ \_\_\_\_\_ EXAM \$ \_\_\_\_\_ CPR \_\_\_\_\_

DISCOUNT OFFER/ SPECIAL PROMOTION  Yes     No

FEE TOTAL: \$705.00 \_\_\_\_\_

COMMENT: \_\_\_\_\_

**PROOF OF TOUR RECEIPT:** I/WE have received an invitation and have completed the tour of the school facility and inspected the equipment related to my planned program. (Student Initial) \_\_\_\_\_

\_\_\_\_\_  
Student

\_\_\_\_\_  
Authorized School Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# SPRINGPACK HEALTHCARE CAREER, LLC.

1144 West Pioneer Parkway, Suite F  
Arlington, TX 76013

987 N Walnut Creek Dr., Unit 700  
Mansfield, TX 76063

## STUDENT ENROLLMENT AGREEMENT

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Program: Nurse Aide Length: 100 Hours

Date training begins: \_\_\_\_\_ Date training ends: \_\_\_\_\_

Nurse Aide: Tuition \$600.00 \_\_\_\_\_ Registration \$50.00 \_\_\_\_\_  
IFT Testing Fee \$55.00 \_\_\_\_\_ State Exam Fee \$125.00 \_\_\_\_\_  
Scrub \$30.00 \_\_\_\_\_ Books \$20.00 \_\_\_\_\_  
CPR \$50.00 \_\_\_\_\_ TOTAL \$930.00 \_\_\_\_\_

### Method of Payment: (Check One)

Money Order       Cash       Check       Credit Card

Other: \_\_\_\_\_

**Payment will be made before the start of the first day of class. No interest is charged.**

*"Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed the amounts paid by the debtor hereunder."*

SPRINGPACK HEALTHCARE CAREER, LLC will give equal opportunity to all applicants regardless of race, sex, or natural origin

I have received a copy of this enrollment agreement and the catalog (Initial) \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Print Name of Representative

\_\_\_\_\_  
Date

APPROVED AND REGULATED BY THE TEXAS WORKFORCE COMMISSION, CAREER SCHOOLS AND COLLEGES, AUSTIN, TEXAS

A full refund will be made to any student who cancels the enrollment contract within 72 hours. This period of cancellation extends until midnight on the third day excluding Saturdays, Sundays and legal holidays. The cancellation policy begins after the enrollment contract is signed and a tour of the facilities and inspection of the equipment is made by the prospective student.

#### REFUND POLICY

1. Refund computations will be based on scheduled clock hours of class attendance through the last date of attendance. Leaves of absence, suspensions, and school holidays will not be counted as part of the scheduled class attendance.
2. The effective date of the termination for refund purposes will be the earliest of the following:
  - (a) The last day of attendance, if the student is terminated by the school;
  - (b) The date of receipt of written notice from the student; or
  - (c) Ten school days following the last date of attendance.
3. If tuition and fees are collected in advance of entrance, and if after expiration of the 72-hour cancellation privilege, the student does not enter school, not more than \$100 shall be retained by the school.
4. If the student who enters a residence course of not more than 12 months in length terminates or withdraws after the expiration of the 72-hour cancellation privilege, the school may retain \$100 of the tuition and fees and the minimum refund of the remaining tuition and fees will be:
  - (a) During the first week or one-tenth of the course, whichever is less, 90 percent of the remaining tuition and fees;
  - (b) After the first week or one-tenth of the course, whichever is less, but within the first three weeks or one-fifth of the course, whichever is less, 80 percent of the remaining tuition and fees;
  - (c) After the first three weeks or one-fifth of the course, whichever is less, but within the first quarter of the course, 75 percent of the remaining tuition and fees;
  - (d) During the second quarter of the course, 50 percent of the remaining tuition and fees;
  - (e) During the third quarter of the course, 10 percent of the remaining tuition and fees; or
  - (f) During the last quarter of the course, the student may be considered obligated for the full tuition and fees.
5. The student will not be required to purchase instructional supplies, books and tools until such time as these materials are required. Once these materials are purchased, no refund will be made.
6. For residence courses more than 12 months in length, the refund shall be applied for each 12-month period paid, or part thereof, separately.
7. The length of a course for purposes of calculating refunds owed, is the shortest scheduled time period in which the course may be completed by continuous attendance of a full-time student;
8. A full refund of all tuition and fees is due and refundable in each of the following cases:
  - (a) An enrollee is not accepted by the school;
  - (b) If the course of instruction is discontinued by the school and this prevents the student from completing the course; or

- (c) If the student's enrollment was procured as a result of any misrepresentation in advertising, promotional materials of the school, or representations by the owner or representatives of the school.

9. REFUND POLICY FOR STUDENTS CALLED TO ACTIVE MILITARY SERVICE.

A student of the school or college who withdraws from the school or college as a result of the student being called to active duty in a military service of the United States or the Texas National Guard may elect one of the following options for each program in which the student is enrolled:

- (a) if tuition and fees are collected in advance of the withdrawal, a pro rata refund of any tuition, fees, or other charges paid by the student for the program and a cancellation of any unpaid tuition, fees, or other charges owed by the student for the portion of the program the student does not complete following withdrawal;
- (b) a grade of incomplete with the designation "withdrawn-military" for the courses in the program, other than courses for which the student has previously received a grade on the student's transcript, and the right to re-enroll in the program, or a substantially equivalent program if that program is no longer available, not later than the first anniversary of the date the student is discharged from active military duty without payment of additional tuition, fees, or other charges for the program other than any previously unpaid balance of the original tuition, fees, and charges for books for the program; or
- (c) the assignment of an appropriate final grade or credit for the courses in the program, but only if the instructor or instructors of the program determine that the student has:
  - (1.) satisfactorily completed at least 90 percent of the required coursework for the program; and
  - (2.) demonstrated sufficient mastery of the program material to receive credit for completing the program.

10. Refunds will be totally consummated within 60 days after the effective date of termination.

11. If a course is cancelled due to low enrollment or other unforeseen circumstances (including weather conditions and instructor misrepresentation), effort would be made to notify students before the first day of class and student will be placed in the next available class of their choice or receive a 100% refund at the time of cancellation.

**APPROVED AND REGULATED BY THE TEXAS WORKFORCE COMMISSION,  
CAREER SCHOOLS AND COLLEGES, AUSTIN, TEXAS.**

## **SPRINGPACK HEALTHCARE CAREER, LLC**

### **REFRESHER COURSE REFUND POLICY**

#### **CANCELLATION POLICY**

A full refund will be made to any student who cancels enrollment within 72 hours. This period of cancellation extends until midnight on the third day excluding Saturdays, Sundays and legal holidays. The cancellation policy begins after the enrollment contract is signed and a tour of the facilities and inspection of the equipment is made by the prospective student.

#### **REFUND POLICY**

If the student who enters a refresher course of 13 hours or more terminates or withdraws after the 72-hour cancellation privilege, and student has entered the program and began lectures, course procedures and testing, the school may retain \$50.00 of the registration fee with the remaining registration refunded. If school has scheduled the refresher course student for a state exam before student request a refund, fees paid to the state will be forfeited in that the state does not refund fees. However, if the student who enters a refresher course of 13 hours or more terminates or withdraws

**APPROVED AND REGULATED BY THE TEXAS WORKFORCE COMMISSION,  
CAREER SCHOOLS AND COLLEGES, AUSTIN, TEXAS.**

TEXAS WORKFORCE COMMISSION  
Career Schools and Colleges  
Receipt of Enrollment Policies

SPRINGPACK HEALTHCARE CAREER, LLC.  
(Name of School)

**Authority for Data Collection:** *Texas Education Code, Section 132.055 & Texas Administrative Code, Section 807.193.*

**Planned Use of the Data:** To provide evidence of receipt of that information is required by law to be provided the student prior to enrollment.

**Instructions:** This form is to be completed by the student prior to enrollment and the completed form maintained by the school in each student's file. A copy of the completed form will be given to the student. If additional clarification is needed, contact Career Schools and Colleges at (512) 936-3100.

**This information is provided for the student's protection. Ensure each item of information is given to the student, fully explained and all questions answered prior to signing an enrollment agreement or contract.**

*The prospective student must acknowledge receipt by initialing in the space provided on the bottom of the first page and signing at the end of the form.*

A:

I have received prior to enrollment:

- a copy of the school catalog and a program/course outline for the program(s) in which I wish to enroll.
- a schedule of the tuition, fees, and other charges.
- a copy of the cancellation and refund policy.
- the attendance, progress and grievance policies.
- rules of operation and conduct.
- regulations pertaining to incomplete grades.
- ~~written and verbal explanations of the difference between a LOAN and a GRANT.  
\*(Complete this item only if the school participates in a loan or grant program.)~~
- an invitation to tour the school's facilities and inspect equipment related to my planned program of instruction. (As an enrolling student, you will be asked to sign and date a receipt on the day you receive your required tour of the school.)
- notice of all policies related to program interruption prior to completion. If printed in the school catalog, the policies are on page(s): 7 - 10

B:

- If the school awards credit hours, I understand that transferability of any credit hours earned at this school may be limited. I have also been provided a list of all known Texas institutions of higher learning and state technical institutes that will accept any or all of the credit hours earned at this school.

\_\_\_\_\_  
(Student Initials)

C:

- I have furnished information disclosing my previous education, training, and work experiences. I understand this will be evaluated and may result in my program/course length being shortened and the cost being reduced.
- I further realize that any grievances not resolved by the school may be forwarded to the Texas Workforce Commission, Career Schools and Colleges, Room 104T, 101 East 15th Street, Austin, Texas 78778-0001, (512) 936-3100.
- A comparison of the cost to me for a similar course or program at other schools is available by contacting the Texas Workforce Commission, Career Schools and Colleges, Room 104T, 101 East 15th Street, Austin, Texas 78778-0001, (512) 936-3100.
- Employment in this career field *(does)* ~~*(does not)*~~ require state or national licensing, certification, or registration. (cross out one)

SPRINGPACK HEALTHCARE CAREER, LLC

(Name of State or National License, Certificate, or Registration, if required)

PROGRAM: <u>NURSE AIDE</u>	REPORT YEAR: 2021 - 2022 _____
NUMBER ENROLLED: <u>409</u>	NUMBER OF JOB OPENINGS FOR THE LAST 12 MONTHS: _____ (if data is available)
NUMBER OF GRADUATES: <u>409</u>	AVERAGE YEARLY STARTING SALARY: _____ (if data is available)
COMPLETION RATE: <u>100</u> %	YEARLY STARTING SALARY RANGE: _____ (if data is available) (Low) _____ (High)
NUMBER OF GRADUATES EMPLOYED: <u>263</u> (Graduates that found a job related to training)	EXAM PASSAGE RATE: _____ % (for programs that prepare for state licensing, certification, or registration exams)
EMPLOYMENT RATE: <u>100</u> %	
NUMBER OF GRADUATES PLACED: <u>247</u> (Graduates that found a job related to training, with the school's assistance)	
PLACEMENT RATE: <u>93.92</u> %	

(Additional information may be attached.)

D:

I understand that my certificate of completion and my transcript may be withheld if I have not fulfilled my financial obligations to this institution at the time of my graduation.

**I certify that I have been provided all of the information above prior to my enrollment.**

**I understand that it is my responsibility to notify the school if I withdraw prior to completion.**

I will receive a copy of this completed form and a copy of my enrollment agreement when signed.

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of School Official providing the information)

\_\_\_\_\_  
(Date)

*Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Career Schools and Colleges, 101 East 15th Street, Room 104T, Austin, Texas 78778-0001, (512) 936-3100. Individuals may receive and review information that TWC collects about the individual by emailing to [open.records@twc.state.tx.us](mailto:open.records@twc.state.tx.us) or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.*



**TEXAS WORKFORCE COMMISSION**

**Career Schools and Colleges**

Record of Previous Education and Training

School Name: SRPINGPACK HEALTHCARE CAREER, LLC.

**Authority for Data Collection:** *Texas Education Code, §132.055 and Texas Administrative Code, §807.191(c)*

**Planned Use of the Data:** This form must be used by the school in its entirety to provide a record by which previous education and training may be evaluated and credit given to the student and to provide a record of such credit and reduction of program length/cost as required by the law.

**Instructions:** Complete each item on front and back. If an item is not applicable, write "NA." If credit is being claimed for post-secondary education, a transcript must be provided. Credit for experience should also be granted, if justified by the school's evaluation of the student's skills. Attach additional pages as needed. The completed form is to be maintained in each student's file. A copy of the completed form will be given to the student. Credit for previous education and training cannot be granted until this form is completed and signed by the school official and the student. If clarification is required, contact Career Schools and Colleges.

**Student Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Secondary Education:     High School Diploma                       Home Schooled                       GED

**Post-secondary Education**

Type of School	Name and Location of School	Dates Attended				Graduated		Type of Diploma/Degree	Major Field of Study
		From MO YR	To MO YR	YES	NO				
College or University									
Technical or Vocational									
Other									

**Previous Training**

Identify previous experience and skills that relate to the program curriculum for which you desire credit.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Certification**

I certify that all the above information is true and complete.

\_\_\_\_\_

(Signature of Student – In Blue Ink)                      (Printed Name of Student)                      (Date)

**FOR SCHOOL USE ONLY**

Entrance Test: _____ (Score)
_____
(Name and Version)

**School Evaluation of Previous Education and Training**

Instructions: List below the subjects of this program for which credit is given, the hours of credit granted, and the justification for which the credit is granted such as skills tests, years' experience, and transcript information.

Subject	Clock Hours of Credit	Justification of Credit

**Credit / Price Adjustments**

			<u>Tuition</u>	<u>Other</u>	<u>Total</u>
Original Program Length: _____ Cl. Hrs	Original Cost	\$ _____	\$ _____	\$ _____	
Less Credit Granted ( _____ ) Cl. Hrs	Less Credit Granted	(\$ _____)	(\$ _____)	(\$ _____)	
Adjusted Program Length _____ Cl. Hrs	Adjusted Cost	\$ _____	\$ _____	\$ _____	

- I certify that all information provided by the student has been evaluated and that the student will not receive credit.
- I certify that all information provided by the student has been evaluated and that the student has been given credit for which he/she is entitled as identified herein.

_____ (Signature of Authorized School Official - <i>In Blue Ink</i> )	_____ (Printed Name)	_____ (Date)
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**Student Acknowledgment**

***Do not sign below unless the information above is complete and signed by the school official.***

I have discussed the above evaluation of my previous education and training with the authorized school official and acknowledge that:

- I will receive the above stated credit, or
- I will **not** receive credit.

_____ (Signature of Student - <i>In Blue Ink</i> )	_____ (Printed Name of Student)	_____ (Date)
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*Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Career Schools and Colleges, 101 East 15th Street, Room 104T, Austin, Texas 78778-0001, (512) 936-3100. Individuals may receive and review information that TWC collects about the individual by emailing to [open.records@twc.state.tx.us](mailto:open.records@twc.state.tx.us) or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.*

TEXAS WORKFORCE COMMISSION

Career Schools and Colleges

Installment Payment Worksheet

THIS WILL BE THE ONLY NOTICE YOU WILL RECEIVE REGARDING PAYMENT DUE DATES. IT IS THE RESPONSIBILITY OF THE SCHOOL TO MAKE TIMELY PAYMENTS WITHOUT A REMINDER LETTER FROM THE TEXAS WORKFORCE COMMISSION, CAREER SCHOOLS AND COLLEGES.

SPRINGPACK HEALTHCARE CAREER, LLC.

(Name of school)

1144F W. PIONEER PKWY, ARLINGTON, TX 76013,
987 N WALNUT CREEK DRIVE, UNIT 700, MANSFIELD., TX 76063

(Location)

Title 40, Texas Administrative Code, Section 807.153:

With the exception of the renewal installment schedule for small career schools and colleges outlined in subsection (b) of this section, a school may elect to pay any single fee in excess of \$1,000 by quarterly installment.

[\$ ] + [\$ ] = [ \$705.00 ]
AMOUNT DUE SERVICE CHARGE TOTAL AMOUNT OF FEE

The first payment shall be due on the date the fee is due.

[\$ ] + [\$ ] = [ \$ ] [ ]
AMOUNT DUE SERVICE CHARGE TOTAL AMOUNT DUE DUE DATE

The second payment shall be 90 days after the initial due date.

[\$ ] + [\$ ] = [ \$ ] [ ]
AMOUNT DUE SERVICE CHARGE TOTAL AMOUNT DUE DUE DATE

The third installment shall be due 180 days after the initial due date.

[\$ ] + [\$ ] = [ \$ ] [ ]
AMOUNT DUE SERVICE CHARGE TOTAL AMOUNT DUE DUE DATE

The final installment shall be due 270 days after the initial due date.

[\$ ] + [\$ ] = [ \$ ] [ ]
AMOUNT DUE SERVICE CHARGE TOTAL AMOUNT DUE DUE DATE

Failure to pay any installment by the due date shall result in a penalty being assessed in the amount of 50% of the total amount of the fee, with full payment of the penalty and outstanding balance due within 30 days.

[\$ ]
PENALTY AMOUNT

Failure to submit timely payment as required shall suspend participation in the installment payment plan for the next renewal period.

(Date Prepared) (Initials)

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Career Schools and Colleges, 101 East 15th Street, Room 104T, Austin, Texas 78778-0001, (512) 936-3100. Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.

# SPRINGPACK HEALTHCARE CAREER, LLC. (SHC)

1144 WEST PIONEER PARKWAY, SUITE F,  
ARLINGTON, TX 76013

987 N WALNUT CREEK DRIVE, UNIT 700  
MANSFIELD, TX 76063

## MEMORANDUM OF UNDERSTANDING

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- \_\_\_\_\_ 1. I understand that it is my responsibility to provide valid documents to the school for registration, enrollment, testing and certification purposes. **Identification must be current and not expired. Social Security cards must be signed. Contact numbers must be valid. If I change numbers or numbers are disconnected, I must immediately provide the school with valid information for contact purposes. Addresses must be valid and visited on a regular basis. If I change addresses, I must immediately provide the school with valid information for contact purposes.**
  
- \_\_\_\_\_ 2. I understand that any missed class time **must be made up** in accordance with state requirements. Make-up hours will be scheduled with the Assistant Administrator for not more than 8hrs.
  
- ===== 3. I understand that if attending SHC on a discount offer or special promotion, I will receive **loaner books** but scrubs must be purchased. Books are not to be written in, torn, spotted, or spoiled and scrubs are not to be torn, discolored, spotted or spoiled. The books must be return on the day of SHC's final exam, after the final exam. Additionally, in order to stay abreast of their studies, students have access to the school's library at all times during business hours, and the classroom when there is no class, for studying, tutoring, and videos. Students will be given handouts to cover the entire course material for reading.
  
- \_\_\_\_\_ 4. I understand that **all tuition** must be paid in full on or before the graduation date, unless, otherwise approved by Administration for date no later than the last day of class.
  
- \_\_\_\_\_ 5. Furthermore, I agree that it is my responsibility to assure that **all processes and procedures are met pursuant to this memorandum of understanding, school catalog, and registration and enrollment policies. Violation of any of these policies may disqualify student from completing the program and/or state exam testing in which the recourse is to pay more fees.**

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized School Official

\_\_\_\_\_  
Date

# SPRINGPACK HEALTHCARE CAREER, LLC.

## Authorization of Use

I \_\_\_\_\_ (hereafter represented as "Student"), hereby authorize Springpack HealthCare Career, LLC. (hereafter represented as "School") to use, reproduce, and/or publish all written and/or visual/audio materials that may pertain to Student. Student understands that this material may be used in various publications, public affairs releases, recruitment materials, or for other related endeavors. This material may also appear on the School's Internet Web Page. This authorization is continuous and may only be withdrawn by Student's rescission of this authorization. Consequently, the School may publish materials, use Student's name, photograph, visual/audio and/or make reference to Student in any manner that the School deems appropriate in order to promote/publicize service opportunities.

Description of Material:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# STUDENT TOUR RECEIPT FORM

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On \_\_\_\_\_ I received a tour of the  
(Date of tour)

School's facilities and had an opportunity to inspect the instruction  
equipment.

X \_\_\_\_\_

Student signature

Date

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**PLEASE, HOW DID YOU HEAR ABOUT US?**

- **ONLINE**
- **FACEBOOK/INSTAGRAM**
- **ARLINGTON PARKS MALL**
- **FRIEND(S) (NAME&PH#)**
  
- **FORMER SPRINGPACK STUDENTS**
  
  
- **MAGAZINE**
- **SIGN-POST**
- **OTHER**