ENVANA Healthcare Training Center, Inc

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WEBSITE: www.envanahealthcare.com E-MAIL: envana3@comcast.net

ENROLLMENT AGREEMENT

REGISTRATION DATE: _____

STUDENT INFORMATION (PLEASE PRINT)

STUDENT NAME: _____ _____ _____ SSN or ITIN (LAST 4 DIGIT ONLY) ____ ____ ____ ____
First MI Last

ADDRESS: _____
Street City State Zip Code

PHONENUMBERS:(_____)_____E-MAILADDRESS:_____@_____

EMERGENCY CONTACT:_____RELATIONSHIP:_____ TEL #: _____

PROGRAM / COURSE NAME: **(Circle One) Basic Nursing Assistant / Phlebotomy Technician / EKG Technician / Pharmacy Technician**

PROGRAM START DATE: _____ SCHEDULED END DATE: _____ NUMBER OF WEEKS: _____

☐ DAY ☐ EVENING ☐ WEEKEND CLASS MEETS: (circle) MON TUES WED THURS FRI SAT SUN

TIME CLASS BEGINS: _____TIME CLASS ENDS: _____TOTAL CREDIT or CLOCK HOURS: _____

Tuition & other fees: NON-REFUNDABLE REGISTRATION FEE: $ 60.00
We do not process any form of FINANCIAL AID

Course Program	Nursing Assistant	Phlebotomy Technician	EKG Technician	Patient Care Technician	Pharmacy Technician	Miscellaneous expenses are not provided by the Institution. Students are responsible for obtaining the following. (cost of each may vary)
Tuition Fee	1180.00	980.00	900.00	CNA+PCT +EKG	2800.00	**BNATP: CEIL BLUE Scrubs, TB or Chest-X-ray, Covid-19 vaccine** **Phlebotomy: TB test, Tetanus and Hepatitis B vaccine is optional but highly recommended**
Laboratory	Included	Included	Included	Included	Included	**All Courses: Textbook is needed on the first day of class**
Certification	SIUC/IDPH	NHA	NHA	NHA	NHA	**Certification Fee: SIUC: $85.00 NHA: $125.00**

Payment	Registration Fee	Tuition Fee	**First Payment due 7 days before start of class**	50%	+$20.00 non-refundable convenience fee
Cash			**Last Payment due before Mid-term**	50%	+$20.00 non-refundable convenience fee
Cashier's Ck			**Late payment penalty 10% of balance + $5.00 daily**		
Money Order					
Zelle/Venmo			We do not accept credit card payment		

REFUND / CANCELLATION / WITHDRAWAL POLICY

STUDENT'S RIGHT TO CANCEL
The student has the right to cancel the initial enrollment agreement until midnight of the 5th business day after the student has been admitted (Registration Date). Cancellations should be submitted to the authorized official of the school in writing.

Registration Date is the same of the Acceptance Date

1. The student must submit a written notice of cancellation or withdrawal.
2. School shall, when the student gives **written notice of cancellation**, provide a refund in the amount of at least the following:
   a. When the notice of cancellation is given **before** midnight of the fifth (5th) business day after the date of enrollment but prior to the first day of class, payment for tuition fee shall be refunded to the student.
   b. When the notice of cancellation is given **after** midnight of the fifth business day after the date of enrollment but prior to the first day of class, the school will retain 25% of the full tuition fee.
   c. When the notice of cancellation is given during the first week i.e. 1st day of class attendance, the school will retain all payments made up to 50% of the full tuition fee.
   d. When the notice of cancellation is given during the second week of class attendance or 50% of the course schedule the school will retain 100% of the full tuition fee. The student will not be eligible for a refund.
   e. When the notice of cancellation is given after 50% of the course schedule, the student must pay the full cost of tuition fee and other school fees. The student will not be eligible for a refund.

3. Deposits or down payments shall become part of the tuition. **Registration fee is not a part of the tuition fee.**
4. The school shall email a written acknowledgement of a student's cancellation or written withdrawal to the student within 15 calendar days of the postmark date of notification. Such written acknowledgement is not necessary if a refund has been mailed to the student within 15 calendar days.
5. The student's refund shall be made by the school within 30 calendar days from the date of receipt of the student's cancellation.
6. A student may give notice of cancellation to the school in writing. The unexplained absence of a student from a school for 2 or more school days shall constitute constructive notice of cancellation to the school. For the purpose of cancellation, the date shall be the last day of attendance.
7. A school may not make refunds which exceed those prescribed in this Section. The school has no refund policy that returns more money to a student than those policies prescribed in this Section. A school shall refund all monies paid to it in any of the following circumstances:
    a. The school cancelled or discontinued the course of instruction in which the student has enrolled.

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 amendments 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 ACKNOWLEDGMENTS

1. I hereby acknowledge receipt of the school's catalog by email, 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 viewed, read a copy of this catalog. (Can be downloaded from the school website: www.envanahealthcare.com). **Student's Initials** _____.

2. I have carefully read this enrollment agreement. **Student's 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's 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's Initials** _____

5. I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. **Student's Initials** _____

6. I understand that the school does not guarantee job placement to graduates upon program completion. **Student's Initials** _____

7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance with 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 http://complaints.ibhe.org or www.ibhe.org. **Student's Initials** _____

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 and Parent / Guardian Signature **(If Minor)** Admission Date

_____

Program Director's Signature Date

Healthcare Worker Registry Information Form

PLEASE PRINT AND WRITE LEGIBLY

Social Security Number or Individual Tax Identification Number if no SSN _____-_____- _____

FIRST NAME _____ MIDDLE NAME _____

LAST NAME _____ MAIDEN NAME _____

HEIGHT Feet _____ inches _____ WEIGHT _____LBS

CIRCLE ONE

GENDER: MALE FEMALE

RACE: ASIAN BLACK HISPANIC AMERICAN-INDIAN WHITE UNKNOWN

EYE COLOR: BLACK BLUE BROWN GRAY GREEN HAZEL

HAIR COLOR: BALD BLACK BLONDE or STRAWBERRY BLUE BROWN

GREEN GRAY ORANGE PURPLE PINK RED or AUBURN SANDY WHITE

BIRTH DATE: MONTH _____ DAY _____ YEAR _____

PLACE OF BIRTH: (**STATE** or **COUNTRY** if **not** born in USA) _____

CURRENT MAILING ADDRESS _____
#STREET **APT# or UNIT**

_____ ILLINOIS _____ USA
CITY **STATE** **ZIP CODE** **COUNTY** **COUNTRY**

OTHER STATES LIVED or WORKED PREVIOUSLY:_____

** PHONE NUMBER: _____

** EMAIL ADDRESS _____@_____
** must be current and permanent information

SURVEY: HOW DID YOU HEAR ABOUT ENVANA HEALTHCARE TRAINING CENTER?

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