

# ENVANA Healthcare Training Center, Inc

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TEL: 630-362-5939

WEBSITE: [www.envanahealthcare.com](http://www.envanahealthcare.com) E-MAIL: [envana3@comcast.net](mailto:envana3@comcast.net)

## ENROLLMENT AGREEMENT

### STUDENT INFORMATION **(PLEASE PRINT)**

Date: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ SSN or ITIN (LAST 4 DIGIT ONLY) \_\_\_\_\_  
First MI Last

ADDRESS: \_\_\_\_\_  
# Street City State Zip Code

PHONE NUMBERS: (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

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)               |
|----------------------|-------------------|-----------------------|---|----------------------------|---------------------|---|
| <b>Tuition Fee</b>   | 1080.00           | 880.00                | 840.00  | 2800.00<br>CNA+PCT<br>+EKG | 2800.00             | BNATP: CEIL BLUE Scrubs, TB or Chest-X-ray, Covid-19 vaccine<br>Phlebotomy: TB test, Tetanus and Hepatitis B vaccine is optional but highly recommended |
| <b>Laboratory</b>    | Included          | Included              | Included  | Included                   | Included            | <b>All Courses: Textbook is needed on the first day of class</b>  |
| <b>Certification</b> | SIUC/IDPH         | NHA                   | NHA   | NHA                        | NHA                 | <b>Certification Fee: SIUC: \$85.00 NHA: \$125.00</b>   |
| Payment              | Registration Fee  | Tuition Fee           | <b>First Payment due 7 days before start of class</b>     |                            | 50%                 | +\$20.00 non-refundable convenience fee   |
| Cash                 |                   |                       | <b>Last Payment due before Mid-term</b>                   |                            | 50%                 | +\$20.00 non-refundable convenience fee   |
| Cashier's Ck         |                   |                       | <b>Late payment penalty 10% of balance + \$5.00 daily</b> |                            |                     |   |
| 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 5<sup>th</sup> 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 (5<sup>th</sup>) 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. 1<sup>st</sup> day of class attendance, the school will retain all payments made up to 50% of the cost of full tuition fee
  - d. When the notice of cancellation is given during the second week of class attendance or 50% of the course schedule (before midterm), the school will retain 75% of the full tuition fee
  - e. When the notice of cancellation is given after 50% of the course schedule (after midterm), the student must pay the full cost of tuition fee and 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 mail 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 more than 2 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 cancels or discontinues 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 the 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. (Catalog can be downloaded from our website: [www.envanahealthcare.com](http://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 be transferred 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 to 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](http://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

\_\_\_\_\_  
CITY STATE ZIP CODE COUNTY COUNTRY

ILLINOIS

USA

OTHER STATES LIVED or WORKED PREVIOUSLY: \_\_\_\_\_

\*\* PHONE NUMBER: \_\_\_\_\_

\*\* EMAIL ADDRESS \_\_\_\_\_@\_\_\_\_\_.COM

\*\* must be current and permanent information

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

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