

SCHOOL INFORMATION

KairInstructors Healthcare Training Center
 Enrollment Agreement
 4285 SWMartin Highway, Palm City, Fl 34990
 772-247-4734

STUDENT INFORMATION

Student Name:	Last:	First:		
Address:			City/State/Zip:	DOB:
E-mail Address			Age:	
Phone:	Home:	Cell:		
DLor ID#/State/Exp				
Emergency contact	Name:	Phone:		

COURSE COST

Course Name:	Home Health Aide Certificate Program		
Course Length:	75 Contact Hours/2-weeks 2-Weeks	Date the training is to begin:	1 st Monday of each month
Tuition:	\$620.00	Cancellation fee:	\$150 (non-refundable)
Books:	included		
Total:	\$620.00		
* Fee is estimated and based on current cost and subject to change.			
TOTAL COST:	\$620.00		

METHOD OF PAYMENT

Method of Payment (check one)			
Money Order ()	Cashier Check ()	Cash ()	credit ()
Credit: CC #	3-digit code	EXP:	
Other: Venmo () ZELLE () Square ()			
<p>“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. “</p>			

CANCELLATION AND REFUND POLICY

Should a student’s enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule:

- Cancellation can be made in person, by electronic mail, by Certified Mail, or by termination.**
- All monies will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the enrollment agreement and making initial payment.**

3. Cancellation after the (3rd) Business Day, but before the first class, results in a refund of all monies paid, with the exception of the registration fee (not to exceed \$150).
4. Cancellation after attendance has begun, through 40% completion of the program will result in a Pro Rata refund computed on the number of hours completed on the total program hours.
5. Cancellation after completing more than 40% of the program will result in no refund.
6. Termination Date: In calculating the refund date due to a student the last date of actual attendance by the student is used in the calculation unless earlier written notice is received.
7. Refunds will be made within 30 days of termination of students' enrollment or receipt of Cancellation Notice from student.

School Calendar/Class Schedule

Day 1 Monday	Day 2 Tuesday	Day 3 Wednesday	Day 4 Thursday	Day 5 Saturday -In Person Lab
<u>Lesson 1</u> 12.0-13.06 (IS) 9p-10:30p (Z,Q&A,D)	<u>Lesson 2</u> 14.0-14.12 (IS) 9p-10:30p (Z,Q&A,D)	<u>Lesson 3</u> 15.0-15.11 (IS) 9p-10:30p (Z,Q&A,D)	<u>Lesson 4</u> 16.0-16.10 (IS) 9p-10:30p (Z,Q&A,D)	Clinical Resume/interview skills Review Lesson 1-4 9a-6p
Day 6	Day 7	Day 8	Day 9	Day 10 Saturday-In Person Lab
<u>Lesson 5</u> 17.0-17.09 (IS) 9p-10:30p (Z,Q&A,D)	<u>Lesson 6</u> 18.0-18.09 (IS) 9p-10:30p (Z,Q&A,D)	<u>Lesson 7</u> 19.0-21.02 (IS) 9p-10:30p (Z,Q&A,D)	<u>Lesson 8</u> 22.0-23.05 (IS) 9p-10:30p (Z,Q&A,D)	Clinical Resume/interview skills Review Lesson 5-8 Final Exam/Graduation 9a-6p

KEY: Independent Study (IS) ZOOM (Z) Questions and Answers (Q&A) Discussions (D)

ACKNOWLEDGMENTS

By signing below, you are stating that you understand and agree to every requirement stated in the above application for admission to KairInstructors Healthcare Training Center Home Health Aide training program. You understand and agree to the Refund Policy and the Enrollment Agreement

I have received a copy of this enrollment agreement and current school catalog.

Student Initials: ()
 Parent/Guardian Initials: ()

 Signature of Student

 Date

 Printed Name of Student

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Signature of Authorized School Official

Date

Printed Name of Authorized School Official