

ALL HEALTHCARE INSTITUTE

12235 Beach Blvd., Suite 206
Stanton, CA 90680
562-469-9302
All-hci.com

ENROLLMENT AGREEMENT

This agreement is legally binding when signed by the student and accepted by the institution.

Student Name: (First) _____ (Last) _____

Address: _____

Phone: _____ Email: _____

Gender: Male: ____ Female ____ Birth Date: _____ Student ID # _____

TERM AND PROGRAM INFORMATION

Program start date: _____ Scheduled completion date: _____

Period Covered by Enrollment Agreement: _____

Place of Instruction: 12235 BEACH BLVD., SUITE 206, STANTON, CA 90680

Class Locations: Main classroom, 12235 Beach Blvd., Suite 206, Stanton, CA 90680

Possible Externship Locations*:

Rown Tree Gardens 12151 Dale Street Stanton, CA 90680	West Anaheim Extended Care 645 South Beach Blvd. Anaheim, CA 92804
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*see addendum for updated list of possible clinical sites

Date by Which Student Must Cancel Enrollment Agreement: _____

NURSE ASSISTANT TRAINING PROGRAM:

Total credit hours required: 162 hours (6 weeks AM schedule)

STUDENT'S RIGHT TO CANCEL:

1. The student has the right to cancel the enrollment agreement and obtain a refund. Student can cancel within three (3) business days from the start date, with a full refund of all monies paid except \$50 registration fee. Subsequent to this three-day cancellation period, a student requesting cancellation prior to the start of classes is entitled to a refund of all monies except for the \$50 registration fee. The institution shall pay or credit refunds within 45 days of a student's cancellation or withdrawal.
2. The school shall refund all monies paid less a registration fee of \$50 if notice of cancellation is made through attendance at the first class session. The institution shall pay or credit refunds within 45 days of student's cancellation or withdrawal.

Student's initials _____

WITHDRAWAL POLICY

1. Cancellation may be effectuated by the student's written notice or by the student's conduct, including, but not necessarily limited to, a student's lack of attendance, unsatisfactory academic progress, inability of a student to conduct himself/herself in a professional manner in the classroom and/or clinical session, and non-compliance with the financial obligations as stipulated in this Enrollment Agreement. Withdrawal or cancellation may occur when the student provides a written notice of cancellation at the following address:

All Healthcare Institute
12235 Beach Blvd., Suite 206
Stanton, CA 90680
Tel: 562-469-9302

2. The written notice of cancellation, if sent by mail, is effective when deposited in the mail properly addressed with proper postage.
3. The student's last day of attendance, following withdrawal, is the last day a student had academically related activity, as determined by the institution from its attendance records, which may include projects, clinical experience, or examinations. The determined date of withdrawal for a student who does not return from an approved leave of absence is set retroactively to the last date of attendance, as determined by the institution's attendance records.
4. Students who do not officially withdraw from a course will automatically receive a grade of "F" (Fail)
5. A signed and dated confirmation of cancellation will be sent by certified mail to the student following withdrawal or termination from the program.

Student's initials_____

LOAN DEFAULT (if applicable)

If the student defaults on a federal or state loan, both the following may occur:

1. The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
2. The student may not be eligible for any other federal student financial aid at another institution or other government financial assistance until the loan is repaid.

Student's initials_____

REFUND POLICY:

1. If a student withdraws from the class, any registration fee paid (not to exceed \$50) and fees for other books/materials (if received and opened) and LiveScan (paid to other party) and Criminal Background Check fees will not be refunded. Refunds are based on the portion of the program not completed, less the registration fee (not to exceed \$50), up to the completion of 60 percent of the program.
2. If a student has completed more than 60 percent of the scheduled hours in the current term (actual hours attended divided by total training hours), then he/she will owe the full amount of tuition charged for the term including, unreturned equipment, books, materials and copy charges.
3. The institution shall provide a pro-rata refund of nonfederal student financial aid program moneys paid for institutional charges who have completed 60 percent or less of the period of attendance.
4. If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

5. If the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.
6. The institution shall refund unearned institutional charges if the student cancels an enrollment agreement or withdraws during a period of attendance. The refund policy for students who have completed 60 percent or less of the period of attendance shall be a prorate refund.
7. Students are obligated to pay only for educational services rendered based on hours attended (including fees associated with those services), and for unreturned books, materials or equipment.
8. If the amount that the student owes is more than the amount that the student has already paid, then the student will have to make arrangements with the training program to pay it. The exact amount of prorated refund will be based on the formula listed below.

Student's initials _____

HOW REFUNDS ARE CALCULATED

If a student has completed 60 percent or less of the period of attendance in a program, refunds are based on the total number of clock hours in the student's program of study and will be calculated as follows:

1. Total amount paid for program* minus registration fee (not to exceed \$50) and fees for other books/materials (if received and opened) and Criminal Background Check fees equals amount paid for instruction.
2. Amount paid for instruction divided by total number of program hours equals program fee per hour multiple by hours attended to get total program charges or used by the student. Total amount paid for instruction less total program charges or used by the student equals total refund to be given to the student.

*Include tuition, registration fee. It does not include equipment charges or other costs incurred by the student. For example: assume that a student enrolls in a program with 162 clock hours. The total program cost is \$1,745. The student has paid \$1,745 for program instruction. The student withdraws after 60 hours of instruction and since the student only attended 37% of the scheduled hours ($60 / 162 = 37\%$) a prorated refund must be calculated. The student has used the textbooks and materials. The refund would be based on the calculation below:

\$1,500 (Tuition Amount)	/	162 (Total # of Program Hours)	x	60 (Hours attended)	=	\$555.55 Amount due from student
\$1,745 (Total amount paid)	-	\$555.55 (Tuition amount due from student)	-	\$245 (Textbooks, uniforms, lab supplies)	=	\$944.45 Refund amount

Student's initials _____

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at All Healthcare Institute is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in Nurse Assistant Training Program is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your course work at the institution. For this reason, you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending All Healthcare Institute to determine if your certificate will transfer.

Student's initials _____

All recruitment and programs are conducted in English. If English is your second language, we strongly recommend that you have completed ESL training prior to enrollment. All instructions will be in the English language. Students who are admitted to the program are required to pass the scholastic level exam, Wonderlic Basic Skills Test (WBST) or other US Department of Education recognized ATB eligibility exam.

Student's initials ____

LANGUAGE OF ENROLLMENT AGREEMENT

1. An enrollment agreement shall be written in language that is easily understood. If English is not the student's primary language, and the student is unable to understand the terms and conditions of the enrollment agreement, the student shall have the right to obtain a clear explanation of the terms and conditions and all cancellation and refund policies in his or her primary language.
2. If the recruitment leading to enrollment was conducted in a language other than English, the enrollment agreement, disclosures, and statements shall be in that language.
3. If the student requires translation of the Enrollment Agreement in his/her primary language, the student must seek his/her own translator prior to signing the enrollment agreement.

Student's initials ____

CANCELLATION OF A CLASS BY THE SCHOOL

The school may cancel or reschedule a class due to bad weather. If a class is canceled, we will do our best to notify you at the phone number you provided at the time of registration. We will also attempt to update our phone message and web site in such cases. If bad weather is upon us or predicted, we suggest you call before coming to class.

The school may not change the start date or delay a class outside the range of time that the student is scheduled to attend the institution unless at least 90% of the students who are enrolled consent to the change and the institution offers full refund to the student who do not consent to the change.

Student's initials ____

EMPLOYMENT GUARANTEE DISCLAIMER

The school cannot guarantee full employment but will provide its graduates with assistance and job leads upon graduation.

Student's initials ____

NON-DISCRIMINATION POLICY

The school does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, medical condition, mental and physical disabilities, marital status, and sexual orientation, in any of its policies, procedures, or practices. This nondiscrimination policy covers admission and access to, and treatment in the school's programs and activities.

Student's initials ____

COURSE WITHDRAWAL POLICY

Students planning withdrawal from a course should contact the Program Director and submit a completed letter of withdrawal. Students who withdraw officially will receive refunds in accordance with the posted prorated refund schedule. Students who do not officially withdraw from a course will automatically receive a grade of "F" (Fail).

Student's initials ____

TERMINATION/DISMISSAL POLICY

A student may be terminated/dismissed from the program based on the following:

1. Unsatisfactory student's academic progress.
2. The student is unable to conduct himself/herself in a professional manner in the classroom and/or clinical session.
3. Non-compliance with the financial obligations as stipulated in this Enrollment Agreement.

Student's initials ____

DISTANCE EDUCATION

All Healthcare Institute does not currently offer Distance Education classes.

Student's initials ____

CREDENTIAL

Upon completion of program, the student will be given a certificate of completion.

Student's initials ____

TUTORING

The school may provide tutoring, at no extra cost, for students who are having academic difficulties. Tutoring sessions take place outside of scheduled class times and will be lead by experienced faculty or staff.

Student's initials ____

ASSESSMENT FEES FOR TRANSFER OF CREDITS AND FEES TO TRANSFER CREDITS

There is no fee for assessment of transfer credits. See School Catalog for Credit Granting Policy.

Student's initials ____

TRAINING PROGRAM COST

Institutional Charges: Nurse Assistant Program

In case the student withdraws from the program, the documented cost of the uniforms, book (s), learning media and lab supplies, BP kit and gaitbelt, and LiveScan will be charged but unearned instruction will be excluded.

Registration Fee (Non – Refundable): \$50.00	
Tuition:	\$1,500.00
2 Uniform Sets with School logo	\$70.00
Textbook	\$70.00
Learning media and lab supplies	\$105.00
TOTAL TUITION AND FEES FOR THE NA PROGRAM	\$1,745.00

*The tuition payment is due on or before first day of class

*Registration fee is due prior to first day of class

Late Fees and Returned Check Fee

It is the student responsibility to make all tuition payments as agreed upon. Students, who issue personal checks which are returned by banks, will be charged a \$25.00 service fee in addition to the \$25.00 late fee. Checks which have been returned for nonpayment must be replaced with a cash, certified check or money order. Students who have had checks returned will not be allowed to pay any further payments by checks.

Transcript Request

The institution will provide 2 free official transcripts following graduation. Additional transcripts will be provided at a cost of \$10.00 each. A written request must be submitted. The student financial account must be current for transcripts to be furnished.

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Parent/Guardian: _____

Accepted by All Healthcare Institute

Signature: _____

Date: _____

Translator: _____

Reviewed: _____

**With my signature, I acknowledge that I
have read, understood, and received a copy
of this Enrollment Agreement**

Student's Printed Name

Witness' Printed Name

Student's Signature

Witness' Signature

Date

Date