CompassCare Institute of Caregiving, LLC 1799 Summer Street Stamford, CT 06905 855-535-5400 203-951-1189 (Fax)

#### **ENROLLMENT AGREEMENT**

This Enrollment Agreement is between the above-named school and:

STUDENT'S NAME		Telep	phone	
Street Address	City		State	Zip
Email				
The school agrees to provide the followi	ng training:			
Program title: Certified Nurse's Assistant	<u>t Program</u>			
Start date:		Completion date: _		
Program consists of 79 hours of classroo	om instruction an	d 71 hours of clinica	l study = 1	50 total hours.

Classroom instruction (choose one): \_\_\_\_\_ Onsite \_\_\_\_\_ Hybrid Weeks 1-7 and Week 10 will consist of 3 hours of classroom instruction, four times a week. Weeks 8-9 will consist of 6.75 hours of clinical instruction, four times a week.

#### **School Calendar**

Classroom lectures and clinical labs will be held from 6:00-9:00 pm virtually, or at 1799 Summer Street, Stamford, CT. Clinicals will be held at designated clinical facilities offsite from 8:00 am-3:30 pm with a 45-minute lunch break.

2021 Holidays Observed: 1/1 New Year's Day 1/18 Martin Luther King Jr. Day 2/15 Presidents' Day 5/31 Memorial Day 7/4 Independence Day (closed on 7/5) 10/11 Columbus Day 11/11 Veterans' Day 11/25 Thanksgiving Day 11/26 Day After Thanksgiving 12/25 Christmas (closed on 12/24) Student will receive a signed Certificate of Completion indicating successful completion of the program materials.

#### Cost:

Non refundable application for	\$100.00
Non-refundable application fee	•
Registration fee	\$150.00
Tuition	\$1,650.00
Books	Included
Supplies and Materials	Included
Other fees and charges	N/A
TOTAL COST FOR PROGRAM	\$1,900.00

### Payment:

Non-refundable application fee and registration fee are due at time of application. Tuition:

50% of tuition must be received before the start of classes. Additional 25% of tuition must be received before the start of the second week of classes. Balance 25% of tuition must be received before the start of the third week of classes.

Payment can be made by check or credit card. Payment plans are not offered at this time, but will be considered in the future.

### Agreement is Binding:

This agreement will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of the school prior to the time instruction begins.

#### **Changes in the Agreement:**

Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student or the student's parent or guardian if he/she is a minor.

#### **Terms of Acceptance:**

I certify that I have read and understand the cancellation and refund policy and the complaint procedure. I have received a copy of the school catalog or brochure.

# **Cancellation of Classes:**

The school reserves the right to cancel a starting class if the number of students enrolling is insufficient. Such a cancellation will be considered a rejection by the school and will entitle the student to a full refund of all money paid.

# **Cancellation and Refund Policy for Training Programs:**

- 1. Application fee of \$100 is non-refundable.
- 2. The school must refund all tuition fees paid if the applicant cancels before the start of classes and within five business days (excluding Sundays and holidays) after the day the contract is signed or an initial payment is made, if the applicant has not begun training.
- 3. The school may retain the registration fee if the applicant cancels after the fifth business day after signing the contract or making an initial payment. A registration fee is any fee charged by a school to process student applications and establish a student record system.
- 4. If training is terminated after the student enters classes, the school may retain the registration fee established under (2) of this subsection, plus a percentage of the total tuition as described in the following table:

If the student completes this amount of	The school may keep this percentage of the	
training:	tuition cost:	
One week or up to 10%, whichever is less	25%	
More than one week or 10%, whichever is less,	50%	
but also less than 25%		
More than 25%	100%	

- 5. When calculating refunds, the official date of the student's termination is based on the last date of verifiable attendance.
  - a. When the school receives notice of the student's intention to discontinue the training program; or,
  - b. When the student is terminated for violation of a published school policy which provides for termination; or,
  - c. When a student, without notice, fails to attend classes for two consecutive sessions.
- 6. All refunds must be paid within thirty calendar days of the student's official termination date.

# **Termination by School:**

A student may be dismissed/terminated from the program for any of the following reasons:

- Unable to maintain a 70% average on all tests and quizzes.
- Attendance. Student may not miss more than one classroom session. Subject matter missed due to absence must be made up on the student's own time. 100% attendance is required for Clinical sessions and cannot be made up.
- Violation of School policies. See Student Handbook.
- Non-payment.

# **Employment Assistance:**

CCIC will endeavor to assist graduates in obtaining gainful employment. Completion of the program does not guarantee employment. A criminal background may be a barrier to employment.

# Notice to Student:

Do not sign this agreement before reading in its entirety, or if it contains any blank spaces. This is a legal document. All pages of this agreement are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign for which you are required to sign a statement acknowledging receipt of those.

# **Cancellation of Contract:**

If you have not started training, you may cancel this contract by submitting notice of such cancellation to the school at its address as shown on the contract, which notice shall be submitted not later than midnight of the fifth business day (excluding Sundays and holidays) following your signing this contract, or the notice may be personally or otherwise delivered to the school within that time. In the event of dispute over timely notice, the burden to prove service rests on the sender.

#### Unfair Business Practices:

It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student or his/her parent or guardian if he/she is a minor, with a written statement notifying all parties that the cancellation and refund policy continues to apply.

I have read, understand, and received a completed copy of the Enrollment Agreement and a copy of the School Catalog.

Student's Name (print full name)

Student's Signature

Parent/Guardian Name, if Student is a minor (print full name)

Parent/Guardian Signature, if Student is a minor

As the authorized representative of the school, I hereby agree to the conditions set forth herein:

Authorized School Representative's Name

Authorized School Representative's Signature

Date

Date

Date

Date