



# CAREGIVERS INSTITUTE

891 Centre Street, Boston, MA 02130 617-477-8290

## ENROLLMENT AGREEMENT

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

**PROGRAM OR COURSE NAME:** Home Health Aide Training 75 clock hours

**BEGINS:** \_\_\_/\_\_\_/\_\_\_ **ENDS:** \_\_\_/\_\_\_/\_\_\_

**ENTRANCE REQUIREMENTS:** Able to read and write English at 5<sup>th</sup> grade level.

COST OF PROGRAM		STUDENT'S METHOD OF PAYMENT
TUITION FEE:	\$700	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____
BOOKS:	\$ 50	
SUPPLIES:	\$ _____	
OTHER CHARGES:	\$ _____	
TOTAL CHARGES:	\$ _____	
DISCOUNTS (deposit):	\$100.00	
ADJUSTED TOTAL CHARGES:	\$ _____	

**ADDITIONAL EXPENSES TO BE INCURRED BY STUDENT:** \$100 Test Fee to American Red Cross

REFUND LAW (AS PER M.G.L. CHAPTER 255, SECTION 13K):	DATES:
1. You may terminate this agreement at any time.	<i>N/A</i>
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program. Refund Amount: \$	<i>5<sup>th</sup> day after date both parties have signed the contract</i> Date:
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: \$	<i>Program start date</i> Date:
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: \$	<i>Last date of first quarter</i> Date:

<p>5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: \$</p>	<p><i>Last date of second quarter</i> Date:</p>
<p>6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: \$</p>	<p><i>Last date of third quarter</i> Date:</p>
<p>7. If you terminate this agreement after the initial five day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.</p>	<p><i>5<sup>th</sup> day after date both parties have signed the contract</i> Date:</p>
<p>8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day, such writing is mailed.</p>	<p><i>N/A</i></p>
<p>9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.</p>	<p><i>First day of fourth quarter</i> Date:</p>

**Administrative Cost Equal: \$35.00**

I have been provided a copy of the school’s catalogue and policies in a manner of my choosing and I am initialing my choice: \_\_\_ hard copy \_\_\_ send via email \_\_\_ I will download the catalogue and policies from school’s website

Student’s Initials

- \_\_\_ I understand this contract will not be in force and effect until signed by both myself and a school representative.
- \_\_\_ I have received a copy of the school’s complaint procedures policy.
- \_\_\_ I understand the refund law as stated above.
- \_\_\_ I understand that coursework and/or credit from this school may not be transferable to other institutions of education and acceptance is at the discretion of the receiving institution.

This school is licensed by the Massachusetts Division of Professional Licensure’s Office of Private Occupational School Education. Any comments, questions, or concerns about this school’s license should be directed to [occupational.schools@state.ma.us](mailto:occupational.schools@state.ma.us) or 617-727-5811, dial “0.”

Any changes, addendum, or additions made subsequent to the signing of the enrollment agreement must be in writing and signed by both the school and the student and are subject to the regulations of 230 CMR 15.04.

You have the right to cancel this enrollment contract before the completion of five school days or five percent of this Program, or course, whichever occurs first, and to receive a full refund of all monies paid, less actual reasonable administrative costs up to \$50 and actual reasonable costs of non-reusable supplies or equipment. Refund Amount: \$ \_\_\_\_\_

You have the right to cancel this enrollment contract if a school allows you to begin participation in a Program while an initial award for financial aid, including student loans, is pending and you are subsequently denied some or all of that student loan or financial aid amount, Spirit Wellness Institute shall offer you , in writing, an opportunity to terminate the enrollment agreement with a full refund of all monies paid, less actual reasonable administrative costs as defined under M.G.L. c. 255, s. 13K.

STUDENT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT STUDENT’S NAME: \_\_\_\_\_

IF THE STUDENT IS UNDER THE AGE OF 18,

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT PARENT/GUARDIAN’S NAME: \_\_\_\_\_

OFFICIAL'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT OFFICIAL'S NAME: \_\_\_\_\_

I, the student, have received a completed and signed copy of this agreement on date: \_\_\_\_\_  
\_\_\_\_\_ (student's initials)