

# ENROLLMENT AGREEMENT

## HEALTHCARE TRAINING CENTERS OF AMERICA

55 Middlesex St. Unit B314, North Chelmsford, MA 01863  
 Tel: (978) 545-1545, Fax: (978) 905-6009  
 E-Mail: [Info@hctcofamerica.com](mailto:Info@hctcofamerica.com)

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

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

**ENTRANCE REQUIREMENTS:**

- Must Be at least 16 Years of Age
- Able to read and write English at 7<sup>th</sup> grade level. A High School Diploma or Equivalent is **NOT** required for admission to the program.
- Proof of a negative TB test by a healthcare facility is required for entrance into the program. Students must meet the physical requirements to perform the tasks of a nurse assistant and/or home health aide, including having no lifting restrictions.
- COVID 19 Proof Immunization W/Booster
- CPR Certification
- Physical Documentation
- Candidates must take a written assessment test for entrance into the program. The written assessment test includes basic math (such as addition and subtraction) and general English proficiency skills. Upon receiving a passing grade on this test, students are eligible to enroll in the Nurse Assistant/Home Health Aide Training course. The assessment test is free of charge. Hours for testing vary and are either on a drop-in basis or scheduled by appointment.

**PERIOD BEYOND WHICH LATE REGISTRATION WILL NOT BE ACCEPTED:** \_\_\_\_\_

**DATE PROGRAM BEGINS:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **PROGRAM ENDS:** \_\_\_\_/\_\_\_\_/\_\_\_\_, WHICH IS THE EARLIEST DATE OF COMPLETION

| Please Check One Program:   | Tuition Cost | Books | Non-Refundable Administrative Fees | Total Cost of Program | Additional Expenses for each class (estimates)  |
|---|--------------|-------|------------------------------------|-----------------------|---|
| <input type="checkbox"/> <b>NURSING ASSISTANT/HOME HEALTH AIDE</b><br># NA/HHA-100<br>100 HOURS | \$950        | \$80  | \$35                               | \$1,065.00            | Scrubs \$38-\$60,<br>Stethoscope \$60-\$120<br>Pulse Oximeter \$20<br>CPR Class \$105-\$126 |
| <input type="checkbox"/> <b>HOME HEALTH AIDE</b><br># HHA-100<br>80 HOURS                       | \$750        | \$80  | \$25                               | \$855.00              | Scrubs \$38,<br>Stethoscope \$60-\$120<br>Pulse Oximeter \$20<br>CPR Class \$105-\$126      |

| PROGRAM COSTS                  |          | STUDENT'S METHOD OF PAYMENT |                      |
|--------------------------------|----------|-----------------------------|----------------------|
| TUITION:                       | \$ _____ | ___                         | CASH                 |
| BOOKS:                         | \$ _____ | ___                         | CHECK                |
| SUPPLIES:                      | \$ _____ | ___                         | SCHOOL PAYMENT PLAN  |
| OTHER CHARGES:                 | \$ _____ | ___                         | CREDIT CARD          |
| TOTAL CHARGES:                 | \$ _____ | ___                         | PRIVATE STUDENT LOAN |
| DISCOUNTS:                     | \$ _____ |                             |                      |
| <b>ADJUSTED TOTAL CHARGES:</b> | \$ _____ |                             |                      |

| <b>REFUND LAW (AS PER M.G.L. CHAPTER 255, SECTION 13K):</b>  |  |
|--|--|
| 1. You may terminate this agreement at any time.   | N/A  |
| 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.<br>Refund Amount: _____  | 5 <sup>th</sup> day after date both parties have signed the contract:<br><br>_____ |
| 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.<br>Refund Amount: _____  | Program start date:<br><br>_____   |
| 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.<br>Refund Amount: _____   | Last date of first quarter:<br><br>_____   |
| 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.<br>Refund Amount: _____  | Last date of second quarter:<br><br>_____  |
| 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.<br>Refund Amount: _____  | Last date of third quarter:<br><br>_____   |
| 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. | 5 <sup>th</sup> day after date both parties have signed the contract:<br><br>_____ |
| 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.   | _____  |
| 9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.   | First day of fourth quarter:<br><br>_____  |

**Catalogue**

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 \_\_\_ USB Drive \_\_\_ send via email

**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.
- \_\_\_ I understand that it may be required to submit to a background check as a precondition of participating in the clinical/internship component of the training. Students need to be aware that past criminal records may prohibit them from participating in clinical/internship components of training and/or gaining employment within the medical field.

This school is licensed by the Massachusetts Division of Occupational Licensure's Office of Private Occupational School Education. Any comments, questions, or concerns about this school's license should be directed to [Occupational.schools@mass.gov](mailto:Occupational.schools@mass.gov) or 617-701-8719.

Any changes, addendums, 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 \$35 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, the School 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: \_\_\_\_\_

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

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

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