

Knowledge First Institute
11510 Georgia Avenue, Suite 211
Silver Spring, Maryland 20902
Phone (301) 933-7474 • FAX (301) 933-7878
www.knowledgefirstinstitute.com

120-HOUR NURSING ASSISTANT ENROLLMENT AGREEMENT

Student name: _____

Address: _____

City, State, Zip: _____

Telephone #s: H: _____ W: _____ C: _____

Email: _____

Social Security #: _____ DOB: _____

Training start date: _____ Training end date: _____

Days/Evenings Class Meets: (circle) M T W Th F Sat Sun

Start Time: _____ End Time: _____

Total number of hours of instruction/week: Thirty (30) hours

Total number of weeks of program instruction: Four (4) weeks

Schedule of Tuition & Fees

The students' fee assessment is listed below. All students' fees must be paid in full on or before the final examination on the last day of class.

<u>Fee</u>	<u>Per Class</u>
Registration Fee	\$ 50.00
Tuition	\$ 950.00
Sub-Total	\$ 1000.00

Textbook is downloadable at www.knowledgefirstinstitute.com \$ 0.00

Grand Total \$1,000.00

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Upon successful completion of the program, I will receive a Achievement Award. Successful completion requires:

- Complete all 120 clock hours of training with no more than 12 hours missed of which 4.2 made up.
- Achieve at least a 90% overall attendance rate
- Achieve a minimum cumulative grade of 75% on all quizzes and a minimum score of 75% on both the mid-term and final examination
- "P" (Pass) laboratory for both clinical and experiences;
- Financial obligations to school satisfied

Career/Job Services

Knowledge First Institute acknowledges that job placement and job salaries cannot be guaranteed.

Cancellation

Knowledge First Institute reserves the right to cancel/postpone any class prior to the scheduled date for which there is deficient enrollment, all students enrolled will be notify. If the school closes, cancels or discontinues a course or program, the school will refund to each currently enrolled student all monies paid by the student for tuition and fees and all monies for which the student is liable for tuition and fees.

Refund Policy

1. All monies paid by the student will be fully refunded if the student chooses not to enroll in or to withdraw from the school within seven calendar days after having signed the enrollment agreement.
2. If the student chooses not to enroll after the seven-day cancellation period, but before the first day of instruction, the registration fee will be retained by the school.
3. If, after the seven-day cancellation period expires, a student withdraws or is terminated after the instruction begins, refunds will be made based on the total contract price for the program and will include all fees, except the application, registration fee and any charges for materials, supplies, or books which have been purchased by, and are the property of, the student. The minimum refund that the school will pay a student who withdraws or is terminated after the 7-day cancellation period has expired and after instruction has begun, is as follow:

Proportion of Total Class Taught By Date of Withdrawal	Tuition Refund
Less than 10%	90%
10% up to but not including 20%	80%
20% up to but not including 30%	60%
30% up to but not including 40%	40%
40% up to 50%	20%
More than 50%	No Refund

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4. If the school closes, cancels or discontinues a course or program, the school will refund to each currently enrolled student all monies paid by the student for tuition and fees and all monies for which the student is liable for tuition and fees.
5. Students are requested, but not required, to notify the Director of Nursing or designated school official if they are withdrawing from the school.
6. The date of withdrawal or termination is the last date of attendance by the student. Refunds are based on the last date of attendance.
7. All refunds due will be paid within 60 days of the student's last date of attendance.
8. Books purchased are the property of the student and are not refundable, except within the seven-day cancellation period.

NO TUITION WILL BE REFUNDED UPON WITHDRAWAL AFTER COMPLETION OF MORE THAN 50% OF THE SCHEDULED CLASS

ACKNOWLEDGMENT I have read and understand this Application for Enrollment and I acknowledge receipt of an exact copy of the same and a copy of the catalog. I have been advised to keep this document as well as copies of all financial documents. I understand this contract is legally binding after I sign and school representative signs. The enrollment contract may be extended or modified only with the written consent both parties signing below. (Applicant and School official)

Signature of Applicant

Date

Signature of (name of school) official

Date