

# STUDENT ENROLLMENT AGREEMENT



*Prepare To Care Training Center, Inc.  
2321 North Ocoee Street, Suite #5  
Cleveland, Tennessee 37311  
(423) 614-3838*

## Student Information

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt#  
City State Zip Code

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (required for Certifications & State Registries)

Telephone: Primary \_\_\_\_\_ Alternate \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Over the age of 17  Yes  No

Please select  Official High School Transcripts  
 GED (need copy of Certificate with score)

Have you ever been convicted of abuse or neglect of a person in your care or child abuse?  Yes  No (If you answered "Yes" please explain on back of this sheet.)

Have you ever been convicted a felony?  Yes  No (If you answered "Yes" please explain on back of this sheet.)

Gender <input type="checkbox"/> F <input type="checkbox"/> M
Height ____ ft ____ in
Eye Color _____
<b>Race</b>
<input type="checkbox"/> White/Caucasion
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Pacifica Islander
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaskan

## Program Information

Program Title: Certified Phlebotomy Technician Clock Hours: 36

Class Schedule: Evening Class

Starting Date: \_\_\_\_\_

Anticipated Ending Date: \_\_\_\_\_

## Tuition and Financial Arrangements

Tuition:	\$ 500.00	<b><u>Total Course Fee</u></b>
Administration Fee (non-refundable):	\$ 100.00	
Background Check/Drug Screen, Text Fee:	\$ 95.00	\$ 695.00

Minimum deposit of \$ 347.50 is due at registration in order to reserve your place in the class. This includes \$ 100.00 non-refundable registration.

Tuition and/or deposit may be paid by **CASH, CHECK** or **CREDIT CARD**.

- Paid in Full \$ 695.00 at the time of registration
- Payment Plan \$ 347.50 at registration  
\$ 347.50 end of 1st week

In addition to Tuition Costs, each student is responsible for the following before Clinical Training and may incur additional costs:

- Professional Liability Insurance (est. \$ 30.00)
- Watch with a second hand (est. \$ 20.00)
- White Shoes (est. \$ 40.00)

## **Refunds, Cancellations**

1. Cancellations must be in writing and made in person or by certified mail.
2. All monies will be refunded if the school does not accept the applicant or if the student cancels within (3) three business days after signing the Enrollment Agreement and making initial payment.
3. Cancellation after the third (3<sup>rd</sup>) business day, but before the first class, will result in a refund of all monies paid, with the exception of the registration fee.
4. Cancellation after attendance has begun will result in the following refunds:
  - A. Prior to 10% completion of the program (computed on the number of hours completed to the total program hours), will result in a refund of 75% of the tuition and loss of deposit.
  - B. Prior to 25% completion of the program (computed on the number of hours completed to the total program hours), will result in a refund of 25% of the tuition and loss of deposit.
  - C. Cancellation after completing 25% of the program will result in no refund.
5. Termination Date: The termination date for the refund computation purposes is the last day of attendance if terminated by PTC or five(5) school days following last date of actual attendance by the student unless earlier written notice is received, then it will be from the date of receipt of written cancellation.
6. Refund will be made within 45 days of termination or receipt of cancellation notice.
7. A student can be dismissed, at the discretion of the Director, for insufficient progress, nonpayment of costs, or failure to comply with the rules.
8. Those wishing to cancel for illness or personal reasons may resume their course of study in the next class series with no penalty and may repeat the already completed sessions if desired at no additional charge or pick up where they left off.
9. For any program or course that is cancelled by the institution, the institution will refund the tuition in full or apply the tuition to a future course depending on the wishes of the student.

## **Course Requirements/Materials**

Student is responsible for the following **before** the 1<sup>st</sup> day of class:

- **TB TEST RESULTS** – Copies only NO ORIGINALS
- **IMMUNIZATION RECORDS** – MMR (measles, mumps rubella & chicken pox)
- **HEPATITIS B VACCINE** – have started the series of Hepatitis B Vaccines and/or signed the Hepatitis B Vaccine Advisory

**A list of additional materials will be provided by the class Instructor.**

# **HEPATITIS B VACCINATION ADVISORY**

I UNDERSTAND THAT DUE TO MY OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS, I MAY BE AT RISK OF ACQUIRING HEPATITIS B VIRUS (HBV) INFECTION. I HAVE BEEN HIGHLY ENCOURAGED TO RECEIVE THE HEPATITIS B VACCINATION AT MY OWN EXPENSE. I UNDERSTAND THAT IF I DECLINE HEPATITIS B VACCINATION AT THIS TIME, I CONTINUE TO BE AT RISK OF ACQUIRING HEPATITIS B, A SERIOUS DISEASE.

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Student (Print Name)

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Student Signature

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Date

# Background Check & Weapons Policy

This policy statement is to inform you that, as a student you may be subject to a random criminal background and/or abuse registry check as well as a random drug screen at the discretion of the Director and/or Management of this institution.

Further, firearms, knives or any other items that could be used as a weapon are not permitted. Use of such will result in immediate termination from the program in which you are enrolled and all money paid will be forfeited.

Refusal to comply with these policies may result in your termination from the program.

By signing below, I acknowledge that I have read, understand and agree to abide by this policy.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## TRANSFERABILITY OF CREDITS DISCLOSURE

Credits earned at *Prepare To Care Training Center, Inc.* may not transfer to another educational institution. Credits earned at another educational institution may not be accepted by *Prepare To Care Training Center, Inc.*. You should obtain confirmation that *Prepare To Care Training Center, Inc.* will accept any credits you have earned at another educational institution before you execute an enrollment contract or agreement. You should also contact any educational institutions that you may want to transfer credits earned at *Prepare To Care Training Center, Inc.* to determine if such institutions will accept credits earned at *Prepare To Care Training Center, Inc.* prior to executing an enrollment contract or agreement. The ability to transfer credits from *Prepare To Care Training Center, Inc.* to another educational institutions may be very limited. Your credits may not transfer and you may have to repeat courses previously taken at *Prepare To Care Training Center, Inc.* if you enroll in another educational institution. You should never assume that credits will transfer to or from any educational institution. It is highly recommended and you are advised to make certain that you know the transfer of credit policy of *Prepare To Care Training Center, Inc.* and of any other educational institutions you may in the future want to transfer the credits earned at *Prepare To Care Training Center, Inc.* before you execute an enrollment contract or agreement.

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Student Signature (Parent or Guardian if Under 18)

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Date

# Emergency Contact Information

**Student Name:** \_\_\_\_\_  
Last First Middle

**Insurance Information:**

Company: \_\_\_\_\_

Preferred local hospital: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_  
Last First

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

**(2nd) Contact Name:** \_\_\_\_\_  
Last First

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

**Comments:** *include any special medical or personal information (i.e. – medical conditions, allergies, etc.) you would want an emergency care provider to know – or special contact information*

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT NOTICE**

**PLEASE READ THIS ENROLLMENT PACKAGE COMPLETELY. BY SIGNING BELOW YOU ARE ACKNOWLEDGING THE FOLLOWING:**

**Acknowledgement**

1. I have received a copy of the Institution’s catalog before signing this enrollment agreement.
2. I was given time and opportunity to review the school policies and catalog.
3. I have read and understand this enrollment agreement and know the total tuition and fees, including cost of books and any additional equipment.
4. No verbal statements have been made to the contrary to my understanding what is contained in this agreement
5. I understand the school cancellation and refund policy and know that if I wish to cancel this agreement, I must do so in writing within 3 working days.
6. I agree to abide by the school’s policies as stated in my enrollment agreement and school catalog.
7. I understand what ‘transferability of credits’ means and the specific limitations (if any) should the institution have articulation agreements. I further understand Prepare To Care Training Center, Inc. programs are *not* designed to prepare students for further college study. Transfer of credits is solely up to the receiving institution. No credit is granted by PTC Training Center for previous education, training or experience.
8. I realize that any grievances not resolved on the institutional level may be forwarded to the Tennessee Higher Education Commission, Nashville, TN 37243-0830, (615) 741-5293.
9. I have a received a copy of understand the Transferability of Credit Disclosure Form.
10. I acknowledge that I have received an exact copy of this agreement.

\_\_\_\_\_  
Student Signature (Parent or Guardian if Under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Date