

CARE 'XPERT ACADEMY, LLC

13321 New Hampshire Avenue, Suite 205
Silver Spring, Maryland 20904
Phone: (301) 384-6011
FAX: (301) 384-6099

+ - **OFFICE USE ONLY**

First Time Register ___ Re enroll ___
Program: Day ___ Evening ___

ENROLLMENT AGREEMENT

SS Number: _____ - _____ - _____ Date of Agreement: _____

Legal Name: _____ Sex: M ___ F ___ Age _____

Last Middle /Initial First
Maiden Name (if different): _____ Marital Status: _____ Date of Birth: _____

Permanent Address: _____ Race: _____

Phone Number: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Address _____

Education:

I have graduated from high school ___ YES ___ NO ___ YEAR Name of School _____

I have a GED ___ N/A ___ YES ___ NO ___ YEAR Name of School _____

Enrollment Information: Date Training Begins _____ Date Training Ends _____

Program Information: Total Program Hours: 130 hrs (Classroom / Lab 90 hrs Clinical: 40 hrs)

Day Program: Monday - Friday 4 Weeks, 30 hours per week, 6 hours per day

Evening Program: Monday - Friday 4 Weeks, 30 hours per week, 6 hours per day

Schedule: (check one): Day: 8:00 a.m. - 2:30 p.m. Evening: 4:00 p.m. - 10:00 p.m.

CLINICAL: ALL CLINICALS ARE HELD IN THE MORNING

The cost of the program is:

Registration Fee \$ 100.00 *(Non-refundable after the 7-day cancellation period)

Tuition \$ 900.00 *If tuition not paid in full, payment will be:

First Day of Class \$ 500.00

Weekly Payment \$ 200.00 x 2

Supplies (Books, lab, patch) \$ 100.00 *Due upon Registration

***Total Cost \$1100.00** ***General Payment Plan:**

First Payment \$367.00 (Includes Book & Registration Fee)

Second Payment \$367.00

Final Payment \$366.00

Students are responsible for the cost of:

- Fingerprints Estimated Cost \$60.00 *For Maryland Board of Nursing C N A Certification*
- C N A Certification Cost \$20.00 *Payable to Maryland Board of Nursing Upon Program Completion*
- Scrubs Estimated Cost \$25.00 * Needed for Class Attendance and Clinical Rotations*
- CPR Estimated Cost \$70.00 *Needed for Clinical Rotation & for Future Employment
- TB or FLU Estimated Cost \$35.00 *Needed for Clinical Rotation & for Future Employment

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Program Completion: In order for a student to successfully complete the program the student must achieve a grade of “C” or better in all required quizzes, project, and the final exam, “P” Pass in clinical / lab experiences; maintain a minimum of 90% attendance rate for the didactic and 100% of clinical hours with a minimum of 80% attendance rate; all financial obligation must be paid prior to the completion of the program as well as completion of an Exit Interview, and then will receive an Achievement Award for program completion.

Care Xpert Academy (CXA) acknowledges that job placement and job salaries cannot be guaranteed to Graduates who have met all graduation and financial requirements. There is no promise or guarantee of job placement.

Cancellation Policy: CXA reserves the right to cancel the program prior to the scheduled start date. If CXA program is cancelled, tuition for the program will be refunded. Tuition is the cost of instruction. **All tuition and fees are payable as outlined for their program of study.** Students are required to pay in full the amount listed in the CXA payment plan. The school does not have any other partial payment plan. Care Xpert Academy will hold any student liable for any delinquent account until such time as their indebtedness is removed. The school reserves the right to **withhold transcripts** and all other information regarding the record of any student who is in arrears in the payment of tuition, fees, or any charges. For continued delinquency in the payment of debts to the school, the student may be permanently dropped from the school.

Refund Policy: Care Xpert Academy shall furnish each student with a schedule of its tuition and fees and the prepaid tuition plan and refund policy.

Care Xpert Academy, LLC’s refund policy has been prepared as established by regulation and is therefore in accordance with the Code of Maryland Regulations that governs private career schools. The student is responsible for the tuition and fees stated on the enrollment agreement. With that understanding, the refund shall be defined as the return of money, cancellation of obligation or otherwise extinction of the debt and the following policy shall prevail:

If a student should wish or intent to cancel for any reason, he / she is requested to notify the school in writing prior to the start of classes. After classes begin, a student withdrawing from the school or a course is requested to notify the school in writing of his or her intention to withdraw. Under the following circumstances, all or part of tuition will be refunded.

If CXA closes or discontinues a course or program, CXA shall refund to each currently enrolled student monies paid by the student for tuition and fees and monies for which the student is liable for tuition and fees. All fees paid by a student shall be refunded by CXA if the student chooses not to enroll in or withdraw from the school within 7 calendar days after having signed a contract. If the student chooses not to enroll after the 7-day cancellation period but before the first day of instruction, CXA will retain the registration fee. CXA will not escrow payments; all refunds will be made to the student in accordance with the minimum requirements of the refund policy.

If, after the 7-day cancellation period expires, a student withdraws after instruction begins, refunds shall be based on the total contract price for the course or program and shall include all fees, except the registration fee and any charges for supplies (Books, lab, and patch) have been purchased by, and are the property of the student. The minimum refund that CXA shall pay a student who withdraws or is terminated after 7-day cancellation period has expired and after instruction has begun, is as follows:

| Proportion of total course or Program taught by date Of withdrawal | Tuition refund |
|--|----------------|
| Less than 10% | 90% refund |
| 10% up to but not incl. 20% | 80% refund |
| 20% up to but not incl. 30% | 60% refund |
| 30% up to but not incl. 40% | 40% refund |
| 40% up to 50% | 20% refund |
| More than 50% | No refund |

A refund due a student shall be based on the date of withdrawal or termination and paid within 30 days from the date of withdrawal or termination. The date of withdrawal or termination is the last date of attendance by the student.

Failure to complete payment prior to withdrawal does not relieve you of financial liability.

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

I, _____, understand that the tuition must be paid by money order, bank debit card, VISA, Master Card, American Express, and Discover Card; no personal checks. I understand that I am responsible for making monthly/weekly tuition payments. I understand that I am responsible for my state certification fee. I understand that I am responsible for purchasing the required books. I understand that Morning Star Academy will provide handouts, clinical instructions, a certificate of training, and official transcript needed to apply for state certification.

EXIT INTERVIEW All students are required to complete an Exit Interview/Clearance Form with the Clinical Program Manager/Advisor and the Financial Office upon withdrawal or graduation and are required to notify the school promptly of any change of address, telephone number, expected employer, or nearest of kin.

ACKNOWLEDGMENT I have read and understand this Enrollment Agreement and I acknowledge receipt of an exact copy of the same. I acknowledge that no verbal statements have been made contrary to what is contained in this agreement. I fully understand my rights and duties and agree to abide by them. I understand that this agreement becomes a legally binding instrument upon the school's written acceptance of the applicant as evidenced by the applicant and school official's signatures below, unless cancelled pursuant to the terms outlined above. This enrollment agreement may be extended or modified only with the written consent of the applicant and the school official.

I understand that I will achieve Student Enrollment Status beginning the first day of class.

I acknowledge having received information on course completion requirements. I have completed a personal interview at the school site and have had the opportunity to inspect the facilities and equipment. I have received a copy of the school catalog and further acknowledge that I have had sufficient opportunity to evaluate such information and to ask questions of the School and its representatives. I have also been advised to keep a copy of all documents regarding enrollment and financial obligation.

Student

Date

School Representative

Date



Morningstar
Identity
Solutions

Last Name: _____ First Name: _____ Middle: _____

Maiden Name/ Alias: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____ Sex: _____ Height: _____ Weight: _____

Race: _____ Eye Color: _____ Hair Color: _____

Address: _____

Daytime Number: _____ Evening Number: _____

Driver's License Number: _____ State: _____

I _____ hereby declare or affirm under Penalty and Perjury, that I
(check one) _____ **HAVE** _____ **HAVE NOT** been convicted, received a probation before
judgment, received a not criminally responsible disposition and that _____ **I AM** _____ **AM NOT**
the subject of pending criminal charges. I further declare I am the applicant whose signature appears
below.

Signature of Applicant: _____ Date: _____

IF APPLICANT IS UNDER 18 PARENT OR GUARDIAN MUST SIGN BELOW

Signature of Parent/ Guardian: _____ Date: _____

Office Use Only:

Technician Name: _____

Reference Number: _____