



Student Enrollment Agreement Form

Mail, fax, or deliver completed form and appropriate registration fee to:
Harmony Health Career Training Institute, LLC.
Attention: Admissions

Telephone # (919) 615-1581 1017 Bullard Ct. Ste. 103 Raleigh, NC 27615 Fax 919-615-1752

Complete this form legible in black ink or online.

Course Title _____ / Registration Fee \$ _____

Location () Traditional/Classroom/Online _____

Begin Date _____/End Date _____

Last four of SS # _____ Date of Birth _____ Sex () M () F Race _____

Full Legal Name (name on your Photo ID and Social Security card must match)

Last

First

Middle

Address (Street, PO Box) _____

(City, State, Zip) _____ County of Residence _____

Email Address _____

Telephone Number (Home) _____ (Business) _____ (Cell) _____

Highest Education Level: ___ Completed High School ___ Adult High School Diploma ___ GED Diploma ___ One Year Vocational
___ Associate Degree ___ Bachelor's Degree ___ Master's Degree ___ OR Highest Grade Completed

Employment Status: ___ Retired ___ Full-time ___ Part-time - Number of hours per week ___

___ Unemployed Employer: _____

Occupation _____

Tuition & Fees

24hr. Medication Aide:

Tuition: \$250.00

Non-refundable registration: \$50.00

Books: \$50.00

Nurse Aide I:

Tuition: \$780.00

Non-refundable registration: \$100

Drug Screen(non-refundable): \$30

Book(optional):\$30

State written, and skills exam fees are **not** included.

15hr. Medication Aide/Tech:

Pharmacy Technician-Hybrid

Tuition: \$200.00
Non-refundable registration: \$50.00
Books: \$40.00

Tuition: \$825.00 includes fee for **one-time** certification exam
Non-refundable registration: \$100

Nurse Aide I Hybrid Refresher

Tuition:\$300.00
State testing exam fee **not** included/paid to the school.

Phlebotomy Technician Hybrid

Tuition:\$925.00
Non-refundable registration fee:\$125.00
Uniforms (non-refundable):\$40
Drug screen(non-refunable):\$30

Harmony Health Career Training Institute, LLC, does not discriminate in admissions, employment, or in its administration of educational programs and activities on the basis of age, race, color, sex, national origin, disability, religion, creed, military or veteran status, genetic information, or any other characteristic protected under applicable federal or state law.

PLEASE READ THE FOLLOWING POLICIES CONCERNING YOUR REGISTRATION.

Refund Policy

A refund shall not be made except under the following circumstances.

- a. A student who officially withdraws (in writing*) from a class (es) before the first class meeting shall be eligible for a 100 percent refund, not including the Non-refundable fees. In addition, a student is eligible for a 100 percent refund if an applicable class fails to "make" due to insufficient enrollment.
- b. After the respective class begins, a 75 percent refund shall be made upon the request of the student if the student officially withdraws (in writing*) from the class prior to or on the 25 percent point of the scheduled hours of the class.
- c. To comply with the applicable federal regulations regarding refunds; federal regulations regarding refunds will supersede state refund regulations in this rule.

All refunds will be issued to the student who officially withdraws in writing no later than 4 weeks from the receipt of the approved written withdraw.

No refunds will be issued on the nonrefundable registration fee, material kit/equipment (if provided), or malpractice insurance fee.

No refunds will be issued to a student who was made to drop due to misconduct, failure to submit required documents in designated time, clinical site refusal or unsatisfactory progress.

Notice to Student:

Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal document. All pages of this agreement are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign and are required to sign a statement acknowledging receipt of those.

The school reserves the right to reschedule the program start date with the number of students scheduled is too small. The school reserves the right to terminate a students' training for unsatisfactory progress, nonpayment of tuition or failure to abide by established standards of conduct.

The school does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness, and applicability of credit and whether they should be accepted is the decision of the receiving institution.

The above information is accurate to the best of my knowledge, and I have read the enrollment agreement, refund policy received a copy of the school catalog and understand how it applies to my registration for this course.

STUDENT ACKNOWLEDGMENTS:

1. I hereby acknowledge receipt of the school's catalog dated _____ which contains information describing programs offered, and equipment/supplies provided. The school catalog is included as part of this enrollment agreement, and I acknowledge that I have electronically received/read a copy of this catalog.____Student initials

2. I have carefully read and received an exact copy of this enrollment agreement. _____ Student initials

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate may be awarded. _____ Student initials

4. I understand that the school does not guarantee job placement to graduates upon program completion or upon graduation. _____ Student initials

5. I understand that complaints, which can not be resolved by direct negotiation with the school by its written grievance policy, may be filed with the North Carolina Community College System. All student complaints must be submitted in writing. _____ Student initials

Student Signature _____ **Date** _____

Method of Payment: () **Money Order Enclosed (Payable to Harmony Health Career Training Institute, LLC)**

() **Credit/Debit Card - If paying by credit card, please log onto our official payment processing vendor to submit payment.**

*() **Sponsor/Scholarship** _____

***No checks will be accepted unless they are from Wake County Department of Human Services or another official governing body related to the city, county, state or government. Prior approval from the Director must be obtained.**