



**C. LEGALLY BINDING CLAUSE**

**“As a prospective student, you are encouraged to review the School Catalog prior to signing an enrollment agreement. You are also encouraged to review the School Performance Disclosure Sheet, which must be provided to you prior to signing enrollment.**

\_\_\_\_\_ (Student Signature/Initial & Date)

This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given: (a) a written statement of the refund policy including examples of how it applies and: (b) a School catalog including a description of the course or educational services, (c) School Performance Fact Sheet, and the program or course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain.

**“I certify that I have received the Catalog, School Performance Fact Sheet, and information regarding completion rates, license examination passage rates, and salary or wage information included in the School Performance Disclosure sheet.”**

\_\_\_\_\_ (Student Signature/Initial & Date)

**D. THIS AGREEMENT IS FOR:**

The **HOME HEALTH AIDE TRAINING** consists of 150 clock hours of training. VIP offers Day and Evening classes. The **Day Class is 5 days** in length, **Monday through Friday from 8:00am-5:00pm Theory & Skills Laboratory and Clinical Externship.** The **Evening Class is 9 days** in length, **Monday through Friday from 5pm – 10pm Theory/Skills Laboratory and Clinical Externship.** The student will receive completion for Home Health Aide course when he/she pass the final exams and show a satisfactory return demonstration in the Skills laboratory and during clinical externship, he/she then become a Certified Home Health Aide.

Please check:       **Day Class**                       **Evening Class**

START DATE: \_\_\_\_\_ SCHEDULED COMPLETION DATE: \_\_\_\_\_

**THEORY CLASS & SKILLS LAB. LOCATION:**      **CLINICAL TRAINING LOCATION:**

VIP NURSING SCHOOL 16388 East 14 <sup>th</sup> Street, San Leandro, CA 94578 Office: (510) 481-0240 Fax: (510) 481-0242	BAY POINT HEALTHCARE CENTER 442 SUNSET BLVD., HAYWARD, CA 94541 Telephone: (510) 581-3382
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NOTE: In Clinical training, the ratio of instructor to students is 1:15

**E. “NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION”**

**“The transferability of credits you earn at VIP Nursing School is at the complete discretion of an institution to which you seek to transfer. Acceptance of the diploma, or certificate you earn in Vocational Nursing, Nursing Assistant, or Home Health Aide respectively is also at the complete discretion of the institution to which you may seek to transfer. If the credits or diploma, or certificate that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you seek to transfer after attending VIP Nursing School to determine if your credits or diploma or certificate will transfer.”**

\_\_\_\_\_  
Signature. Initial & Date

**F. STUDENT'S RIGHT TO CANCEL**

**"You have the right to cancel this enrollment agreement and obtain a refund. You may cancel this agreement and receive a refund of charges paid through attendance at the First (1<sup>ST</sup>) class session or on the 2<sup>nd</sup> Day for Day Class, OR 5<sup>th</sup> Day for Eve Class after the enrollment, whichever is later, and provide a written notice to:"**

Josephine Dondriano RN, CNA/HHA Program Director  
VIP Nursing School, Inc.  
16388 East 14<sup>th</sup> Street, San Leandro, California 94578  
Office: (510) 481-0240; 481-0360  
Fax: (510) 481-0242  
Email: josie@vipnursing.net

\_\_\_\_\_  
Signature. Initial & Date please

**G. CANCELLATION, WITHDRAWAL, and REFUND INFORMATION:**

**Should you be terminated by the school, or decides to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the First (1<sup>ST</sup>) class session or on the 2<sup>nd</sup> Day for Day Class, OR 5<sup>th</sup> Day for Eve Class after the enrollment, whichever is later.** The amount retained for the non-refundable registration fee may not exceed \$50.00 for HOME HEALTH AIDE course. In addition, the student may withdraw from a course after instruction has started and receive a pro rata refund and paid \$350.00 tuition, the student would receive a refund of \$ as illustrated in the **hypothetical example below based from the First (1<sup>ST</sup>) class session or on the 2<sup>nd</sup> Day for Day Class, OR 5<sup>th</sup> Day for Eve Class after the enrollment, whichever is later** This institution has a refund policy for the return of unearned institutional charges if the student cancels an enrollment agreement or withdraws during a period of attendance. The refund policy for students who have completed 60 percent or less of the period of attendance shall be a pro rata refund.

**Cancellation must be made in writing, either in person or by mail.**

All monies, **except the non-refundable registration fee,** will be refunded if the applicant is not accepted by the school.

All monies will be refunded if the **student cancels on, or before, the First (1<sup>ST</sup>) class session or on the 2<sup>nd</sup> Day for Day Class, OR 5<sup>th</sup> Day for Eve Class after the enrollment, whichever is later.**

**Refunds will be made within thirty (30) days after receipt of cancellation notice.**

<b>\$350.00</b>		<b>24 clock hours of Instruction</b>		<b>\$350.00 tuition paid</b>
<b>amount paid</b>	<b>x</b>	<b>received &amp; completed</b>	<b>=</b>	<b>- \$210.00 (based 60% of completed Instruction received )</b>
<b>for Instruction</b>		<b>40-clock hours of Instruction for</b>		<b>\$140.00 REFUND AMOUNT</b>
		<b>which the student has paid</b>		

\_\_\_\_\_  
Signature. Initial & Date please

**H. STUDENT TUITION RECOVERY FUND INFORMATION:**

**"You have the rights and responsibilities with respect to the Student Tuition Recovery Fund (STRF)."**

**"You must pay the State-Imposed assessment for the STRF if all of the following applies to you:"**

1. You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all of part of your tuition either by cash, guaranteed student loans, or personal loans, and
2. Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

**"You are not eligible for protection from the STRF and you are not required to pay the STRF assessment if either of the following applies to you."**

1. You are not a California resident, or are not enrolled in a residency program, or
2. Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party."

\_\_\_\_\_  
Signature. Initial & Date

**“The State of California created the STRF to relieve or mitigate economic losses suffered by students in educational programs who are California residents, or are enrolled in a residency program attending certain schools regulated by the Bureau for Private Postsecondary Education.”**

**You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid STRF assessment, and suffered an economic loss as a result of any of the following:**

1. The school closed before the course of instruction was completed.
2. The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
3. The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.
4. There was a material failure to comply with the Act or the Division within 30-days before the school closed or, if the material failure began earlier than 30-days prior to closure, the period determined by the Bureau.
5. An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act."

**However, no claim can be paid to any student without a social security number or a taxpayer identification number.**

**I. REGISTRATION, TUITION FEES and REQUIREMENTS EXPENSES:**

**HOME HEALTH AIDE TRAINING PROGRAM COURSE FEE:**

**\$350.00 TUITION FEE**

**+ \$50.00 NON-REFUNDABLE REGISTRATION FEE UPON ENROLLMENT**

**+ \$ 0.50 NON-REFUNDABLE STRF STATE-IMPOSED STRF ASSESSMENT**

**FEE UPON ENROLLMENT FEES \_\_\_\_\_ (Student Initial/Date)**

**\$400.50 TOTAL REGISTRATION, TUITION FEES \_\_\_\_\_ (Student Initial/Date)**

**MANDATORY REQUIREMENTS:**

**+ \$50.00 PROVIDING HOME CARE BY LEAHY FOR HOME CARE AIDES TEXTBOOK (on 1<sup>st</sup> Day of Session)**

**+ \$55.00 PROOF OF PHYSICAL EXAM WITH TB TEST (Bring on 1<sup>st</sup> Day of Session)**

**+ \$75.00 PROOF OF AHA HEALTHCARE PROVIDER CPR WITH AED (Bring on 1<sup>st</sup> Day of Session)**

**\$180.00 TOTAL REGISTRATION & REQUIREMENTS \_\_\_\_\_ (Student Initial/Date)**

**OPTIONAL ITEMS:**

**+ \$32.00 Blood Pressure Machine & Stethoscope**

**+ \$15.00 Safety Gait Belt**

**\$47.00 Optional Items Total**

**Registration Fee (\$50.00), Tuition, STRF Assessment Fee (\$0.50), & Requirements (\$180.00)**

**(Total = \$580.50)**

**Registration Fee (\$50.00), Tuition, STRF Assessment Fee (\$0.50), & Requirements (\$180.00)**

**& Optional Items (\$47.00) Total = \$627.50**

**Signature, Initial & Date**

**J. SCHEDULE OF INSTALLMENT PLANS:**

The School will accept full payment from students who wish to pay in full with \$25.00 discount if paid on the 2<sup>nd</sup> Day for Day Class, or 5<sup>th</sup> Day for Eve Class . Installment is also available without any interest as per installment plan as described below. Tuition fee must be paid in full on or prior to State Certification examination. Installment must be paid on the first (1<sup>st</sup>) to the 2<sup>nd</sup> Day for Day Class, or 5<sup>th</sup> Day for Eve Class , otherwise a 5% late fee is charged for late payments, i.e. 5% of the installment due.

<b><u>FIRST PAYMENT</u></b>	<b><u>SECOND PAYMENT</u></b>
<b>\$175.00</b>	<b>\$175.00</b>
<b><u>On the First week of the Session</u></b>	<b><u>By End of the Session</u></b>
Date: _____ (Student Initial)	Date: _____ ( Student Initial)

**K. PHYSICAL EXAMINATION:**

**Home Health Aide Course Applicants:**

Please have the attached Physical Examination form and TB Test Results completed and submit it with this Student Registration and Enrollment Agreement on the week of the class prior to first day of Clinical.

\_\_\_\_\_ Signature. Initial & Date please

**L. HOME HEALTH AIDE STUDENT APPLICANT’S SIGNATURES:**

**“PRIOR TO SIGNING THIS ENROLLMENT AGREEMENT, YOU MUST BE GIVEN A CATALOG OR BROCHURE AND A SCHOOL PERFORMANCE FACT SHEET, WHICH YOU ARE ENCOURAGED TO REVIEW PRIOR TO SIGN THIS AGREEMENT. THESE DOCUMENTS IMPORTANT POLICIES AND PERFORMANCE DATA FOR THIS INSTITUTION. THIS INSTITUTION IS REQUIRED TO HAVE YOU SIGN AND DATE THE INFORMATION INCLUDED IN THE SCHOOL PERFORMANCE DISCLOSURE SHEET RELATING TO COMPLETION RATES, PLACEMENT RATES, AND SALARIES OR WAGES, PRIOR TO SIGNING THIS AGREEMENT.”**

\_\_\_\_\_ (Student Signature/Initial & Date)

**“I CERTIFY THAT I HAVE RECEIVED THE CATALOG, SCHOOL PERFORMANCE FACT SHEET, AND INFORMATION REGARDING COMPLETION RATES, PLACEMENT RATES, LICENSE EXAMINATION PASSAGES RATES, AND SALARY OR WAGE INFORMATION INCLUDED IN THE SCHOOL PERFORMANCE DISCLOSURE SHEET, AND HAVE SIGNED, INITIALED, AND DATED THE INFORMATION PROVIDED IN THE PERFORMANCE DISCLOSURE SHEET.**

\_\_\_\_\_ (Student Signature/Initial & Date)

**“ I UNDERSAND THAT THIS IS A LEGALLY BINDING CONTRACT. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ, UNDERSTOOD, AND AGREED TO MY RIGHTS AND RESPONSIBILITIES, AND THAT THE INSTITUTION’S CANCELLATION AND REFUND POLICIES HAVE BEEN CLEARLY EXPLAINED TO ME.**

\_\_\_\_\_ (Student Signature/Initial & Date)

**THIS AGREEMENT IS NOT OPERATIVE UNTIL THE STUDENT MAKE AN INITIAL VISIT TO THE OFFICE AND RECEIVES THOROUGH TOUR, AND ATTENDS THE FIRST CLASS OF INSTRUCTION.**

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

\_\_\_\_\_  
Date of Visit or Tour of the School

**M. SCHOOL OFFICIAL'S SIGNATURES**

I certify that VIP NURSING SCHOOL, INC. has met the disclosure requirements of Education Code Section 94312 of the Private Postsecondary Reform Act of 1989.

THIS AGREEMENT IS ACCEPTED BY:

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Admission

\_\_\_\_\_  
Date

**"NOTICE"**

**"YOU MAY ASSERT AGAINST THE HOLDER OF THE PROMISSORY NOTE YOU SIGNED IN ORDER TO FINANCE THE COST OF THE EDUCATIONAL PROGRAM ALL OF THE CLAIMS AND DEFENSES THAT YOU COULD ASSERT AGAINST THIS INSTITUTION, UP TO THE AMOUNT YOU HAVE ALREADY PAID UNDER THE PROMISSORY NOTE."**

**N. SIGNATURE PAGE**

**MY SIGNATURE BELOW CERTIFIES THAT I HAVE HAD A COMPLETE ORIENTATION OF THE RULES AND REGULATIONS OF VIP NURSING SCHOOL, A TOUR OF THE SCHOOL, COPY OF SCHOOL CATALOG, AND SCHOOL PERFORMANCE DISCLOSURE SHEET.**

\_\_\_\_\_  
Signature, Initial & Date



