

## Enrollment Agreement

**Course Title:**  
**Adult . Infant . Child CPR-AED & Standard First Aid**

**Student Name:** (Please Print) \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell No:** \_\_\_\_\_

**SSN:** XXX-XX - \_ \_ \_ \_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:**  M   F

**Email:** \_\_\_\_\_

**Class Date:**  Feb. 17, 2018 (Sat.) 9a – 430p  **Please circle one:**  Day   Evening   Weekend

<b>Special Tuition</b> . . . . .	\$99.00	(Regular Price \$124.00)
Sales Tax 4.712% . . . . .	4.66	
<b>TOTAL COST OF COURSE</b> (including tax) . . . . .	<u> \$103.66 </u>	

Full payment must be paid at time of registration. All Forms of Payment Accepted (*Cash, Check, Credit & Debit Cards*). **Note:** An additional fee of 4.1% will be charged to you if paid with Credit or Debit. There is a \$30.00 Service Charge for any and all Returned Unpaid Checks. This special tuition can't be used in conjunction with a financial aid.

### Cancellation/Refund/Rescheduling Policy

Please Initial Below

- 1. To re-schedule, you must call 24 hours prior to the scheduled class. NO show - No refund.
- 2. After the enrollment is processed and the school receives my payment, no refund is allowed.
- 3. If I choose to drop out of the class, there is no refund.

### Effective date of acceptance:

I hereby agree to abide by the conditions set forth herein.

\_\_\_\_\_  
Student and/or Guarantor's Signature

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

Office use only:

School Representative: \_\_\_\_\_

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