



**NURSES' DEVELOPMENT CENTER, INC.**  
 6101 Ball Road, Ste., #203, Cypress, CA 90630  
 TEL (562) 403-2115/ FAX (562) 403 -2118

**ENROLLMENT AGREEMENT** period covering \_\_\_\_\_ to \_\_\_\_\_

<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>STUDENT ID #</b>	
<b>CURRENT ADDRESS</b>				<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>
<b>HOME PHONE</b>		<b>CELL PHONE</b>		<b>WORK PHONE</b>		<b>EMAIL ADDRESS</b>	
<b>SCHEDULE START DATE</b>		<b>SCHEDULE END DATE</b>		<b>CLASS DAYS</b>		<b>CLASS HOURS</b>	

You are enrolling in: \_\_\_\_\_ Total Hours: \_\_\_\_\_

**What You Should Know About Our State Approval**

This institution has been approved to operate by the Bureau for Private Postsecondary Education (School Code 73078653) For more information, call the Bureau for Private Postsecondary Education at toll-free at (888) 370-7589, or visit their website at [www. bppe.ca.gov](http://www.bppe.ca.gov).

**STUDENT'S RIGHT TO CANCEL:** The student has the right to cancel this agreement, without further obligation, and obtain a refund of all amounts paid, if notice of cancellation is given to this school before midnight of the seventh business day following the date of enrollment \_\_\_\_\_ or through attendance at the first class session whichever is later. Business day means a day on which the student is scheduled to attend a class session. The student may cancel this agreement and obtain a refund by giving written notice to the school at the address shown at the top of the first page of this agreement. If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from the federal student financial aid program funds. The student may do this by mail, by hand delivery, or telegram. The written notice of cancellation, if sent by mail, is effective when it is deposited in the mail, properly addressed with postage pre-paid. The student should keep a record of the date, time and place of mailing any notice of cancellation.

**STUDENT'S RIGHT TO WITHDRAW FROM THIS PROGRAM:** A student has the right to withdraw from this program of instruction at any time, and receive a pro-rated refund of tuition and amounts paid for equipment. If the student withdraws from the program of instruction after the expiration date of the time for canceling this agreement, the student is obligated to pay only for educational services rendered and any equipment not returned, plus a non-refundable registration of \$100.00 and an STRF fee. For example, if a student enrolls in a 100 hour program and withdraws after receiving 35 hours of instruction, and if the student paid a registration of \$100.00 and an STRF fee plus \$2,000 tuition, the school would deduct the \$100.00 registration and an STRF fee from the amount received, divide the remaining \$2,000 by the number of hours in the program (2000 / 100 = 20) and multiply that hourly amount times the number of hours received by the student (35 x 20 = \$700.) The amount paid in excess of that amount would be the amount of the refund. (\$2,000 - \$700 = \$1,300 Refund Amount. In addition, the refund would include any amount paid for equipment, which is subsequently returned in good condition.

**START DATE DISCLOSURE AND CLASS LOCATION DISCLOSURE:**

Nurses' Development Center, Incorporated reserves the right to re-schedule the start date or completely cancel a new class due to a low number of enrollees or other unforeseen reasons. All monies paid are subject to a complete refund minus any materials and or equipment already issued and not returned or can be completely applied for the next scheduled class depending upon the student's preference. All class instructions will be held at the school location at 6101 Ball Road, Suite 203, Cypress, CA 90630.

**X** \_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date Signed

**NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION:**

The transferability of credits you earn at Nurses' Development Center, Inc. is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the credits and/or certificate you earn in \_\_\_\_\_ program is also at the complete discretion of the institution to which you may seek to transfer. If the credits and/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 may seek to transfer after attending Nurses' Development Center, Inc. to determine if your credits and/or certificate will transfer.

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 signing this agreement. These documents contain 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 Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three –year cohort default rate, if applicable, prior to signing this agreement.

**X**\_\_\_\_(Initial) "I certify that I have received the catalog, School Performance Fact sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, and, the recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact sheet."

This enrollment agreement disclosures and statements to students will be written and given out in the English language only. If English is not the student's primary language, and the student is unable to understand the terms and conditions of the enrollment agreement, the student shall have the right to obtain a clear explanation of the terms and conditions and all cancellation and refund policies in his or her primary language.

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 or by completing a complaint for, which can be obtained on the bureau's Internet Website ([www.bppe.ca.gov](http://www.bppe.ca.gov)).

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 1747 N. Market Blvd. Ste 225 Sacramento, CA 95834 P.O. Box 980818, West Sacramento, CA 95798-0818, [www.bppe.ca.gov](http://www.bppe.ca.gov), Phone: (888) 370-7589 / (916) 574-8900 or by fax (916) 263-1897.

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. If I am a non-resident student, I acknowledge that I am NOT ELIGIBLE for protection under, or recovery from the Student Tuition Recovery Fund which applies only to residents of the State of California, USA. This document contains a statement of the institution's cancellation and refund policy, and I have received a copy of the current school catalog which contains a detailed description of the program and each of the courses in the program. I acknowledge that this is not a public institution.

**X**\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Signed



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**TUITION AND FEES:** The following is the total amount that the student is obligated for the course of instruction, and all other services and facilities furnished or made available to the student, by the school, including any charges made by the school for tuition, books, materials, supplies, and including any other fees and expenses that the student will incur upon enrollment.

Tuition \$ \_\_\_\_\_  
 Books & Materials \$ \_\_\_\_\_  
 Uniforms, Supplies & Equipment \$ \_\_\_\_\_  
 Registration Fee \$ \_\_\_\_\_ (Non-refundable)  
 STRF \$ \_\_\_\_\_ (Non-refundable)  
 Other Charges \$ \_\_\_\_\_

THE TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE \_\_\_\_\_

THE ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM \_\_\_\_\_

THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT \_\_\_\_\_

**IF YOU GET A STUDENT LOAN YOU ARE RESPONSIBLE FOR REPAYING THE LOAN PLUS ANY INTEREST LESS THE AMOUNT OF ANY REFUND.**

If the student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur:

The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.

The student may not be eligible for any other federal student aid at another institution or other government assistance until the loan is repaid. However, NDCI offers Payment plan options for NATP students (see table on page 4).

\_\_\_\_\_ A single payment of \_\_\_\_\_  was paid  is payable on (date) \_\_\_\_\_

\_\_\_\_\_ Payment plan option is available ONLY for the Nurse Assistant Training Program (NATP). The student agrees to make payments a specified on the payment schedule attached to this agreement.

***THIS SCHOOL DOES NOT EXTEND CREDIT***

This is a legally binding instrument when signed by the student and accepted by the school. I understand that, immediately upon signing this agreement, I will receive a copy for my records. I hereby agree to the terms and conditions of this enrollment agreement. "I understand 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."

**X** \_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date Signed

For Office Use Only: (The school has met disclosure requirements as required by code and regulation.)

\_\_\_\_\_  
 School Official's Signature

\_\_\_\_\_  
 Printed Name of Official

\_\_\_\_\_  
 Date Signed

## **N.A. CLASS PAYMENT OPTIONS**

OPTION	TOTAL AMOUNT	INSTALLMENT
A	<b>\$ 2,201</b>	ONE TIME PAYMENT
B	<b>\$ 2,251</b>	TWO PAYMENTS 1 --- \$250 + \$976 = <b>\$1,226</b> 2 --- <b>\$1,025</b>
C	<b>\$ 2,291</b>	FOUR PAYMENTS 1 --- \$250 + \$521 = <b>\$771</b> 2 --- <b>\$506</b> 3 --- <b>\$506</b> 4 --- <b>\$508</b>

### **CLASS SCHEDULES**

Monday – Friday (Weekday) 8:30 am – 4:00 pm	<b>OPTION B</b> 1 --- before 1 <sup>st</sup> Day of Class 2 --- on the 10 <sup>th</sup> Day of Class	<b>OPTION C</b> 1 --- 1 Week Before 1 <sup>st</sup> day of Class 2 --- on the 6 <sup>th</sup> Day of Class 3 --- on the 12 <sup>th</sup> Day of Class 4 --- on the 18 <sup>th</sup> Day of Class
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Monday – Friday (Weeknight) 4:00 pm – 8:30 pm	<b>OPTION B</b> 1 --- before 1 <sup>st</sup> Day of Class 2 --- on the 25 <sup>th</sup> Day of Class	<b>OPTION C</b> 1 --- 1 Week Before 1 <sup>st</sup> day of Class 2 --- on the 12 <sup>th</sup> Day of Class 3 --- on the 24 <sup>th</sup> Day of Class 4 --- on the 36 <sup>th</sup> Day of Class
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Saturday / Sunday (Weekend) 8:00 am – 4:00 pm	<b>OPTION B</b> 1 --- before 1 <sup>st</sup> Day of Class 2 --- on the 15 <sup>th</sup> Day of Class	<b>OPTION C</b> 1 --- 1 Week Before 1 <sup>st</sup> day of Class 2 --- on the 10 <sup>th</sup> Day of Class 3 --- on the 20 <sup>th</sup> Day of Class 4 --- on the 30 <sup>th</sup> Day of Class
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**RECEIPT OF MATERIALS**

I have received Books and materials for class

\_\_\_\_\_  
Initial

I have received my school uniform and patch

\_\_\_\_\_  
Initial

I have reviewed the Disqualifying Penal Code list provided

\_\_\_\_\_  
Initial

I have reviewed and received a copy of the School Performance Fact Sheet

\_\_\_\_\_  
Initial

Other Materials:

\_\_\_\_\_  
Initial

I also sign below and understand that my TB Test and Physical Exam must be submitted BEFORE the start date of the clinical portion of the class. If these documents are not provided to NDCl, I may not be admitted to clinical and may be asked to move to another class until these documents are provided.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
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.

### **STRF DISCLOSURES AND STATEMENTS:**

“The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.”

“It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 N. Market Blvd. Ste 225, Sacramento, CA 95798-0818, (916) 574-8900 or (888) 370-7589.

To be eligible for STRF, you must be a California resident or are enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
6. You have been awarded restitution, a refund, or other monetary awards by an arbitrator or courts, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.



A student whose loan is revived by a loan holder or debt collector after a period of noncollection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

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

**STUDENT'S RIGHT TO CANCEL**

Date of first class: \_\_\_\_\_

You may cancel this contract for school, without any penalty or obligation, by the date stated below.

\_\_\_\_\_  
If you cancel, any payment you have made and any negotiable instrument issued by you shall be returned to you within 45 days following the schools' receipt of your cancellation notice.

But, if the school gave you any equipment, you must return the equipment within 45 days of the date you signed a cancellation notice. If you do not return the equipment within this 45 day period, the school may keep an amount out of what you paid that equals the cost of the equipment. The total amount charged for each item of equipment shall be separately stated. The amount charged for each item of equipment shall not exceed the equipment's fair market value. The institution shall have the burden of proof to establish the equipment's fair market value. The school is required to refund any amount over that provided above and you may keep the equipment.

To cancel the contract for school, mail or deliver a signed and dated copy of this cancellation notice or any other written notice indicating your cancellation, or send a telegram to this institution at the address shown above NOT LATER THAN: \_\_\_\_\_ [midnight on the date that is the seventh business day from time of enrollment or the seventh business day following the first day of class whichever is later.]

I Cancel the Contract for School.

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

Signature: X \_\_\_\_\_

REMEMBER, YOU MUST CANCEL IN WRITING. You do not have the right to cancel by just telephoning the school or by not coming to class. *If you have any complaints, questions, or problems which you cannot work out with the school, write or call the Bureau for Private Postsecondary Education at 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, P.O. Box 980818, West Sacramento, CA 95798-0818, Telephone # 916-431-6589 or Fax# 916-263-1897.*