

Greenwood Medical Academy
115-L Hampton Place
Greenwood SC 29649
(864) 538-0825

Nursing Assistant ENROLLMENT AGREEMENT

Student name: _____ SS: _____
Date of Birth: _____ Phone number: _____
Address: _____ City/State/Zip: _____
Phone number: _____ Email: _____
H.S. Diploma: _____ GED: _____

In- person Day Class: Fridays 9am-5pm

Program Length: 8 weeks (Full Time)

Have you previously attended/enrolled in Greenwood Medical Academy: Yes: ____ No: ____
Date? _____

Program Start Date:

End Date:

Nursing Assistant Program

100 clock hours/8 weeks \$1100

Total Cost \$1100

Includes \$50.00 Administrative fee (non-refundable)

*Tuition: \$750

*Book: \$80

*Supplies/Equipment: \$100

*National Exam Fee: \$120.00

Total \$1100

\$300 Deposit due at enrollment

Balance \$800.00

Please read each statement carefully for your understanding. Include your initials next to each statement and include your signature and date at the end of the agreement.

I have received a copy of the Greenwood Medical Academy catalog, and student enrollment agreement. _____

I have received a copy of Greenwood Medical Academy Hold Harmless Agreement _____ -

Enrollment or completion in Greenwood Medical Academy does not guarantee employment. _____

Greenwood Medical Academy does not guarantee that credit earned will transfer to another institution. _____

Tuition must be paid in full as outlined in agreement. _____

I understand that once signed by both parties this contract becomes legally binding.

All third-party loans must be repaid according to the terms of the note even if the borrower does not complete his or her education, cannot get a job after completion of the program or I am dissatisfied with the education. _____

By signing this contract, I agree with the tuition, fees, and cost associated with Greenwood Medical Academy.

Student Name Print: _____

Date: _____

Student Name Signature: _____

Date: _____

School Administrator/Official Name Signature: _____

Date: _____

Tuition Payment Plan Options:

- A. \$114.25 Weekly/7wks _____
- B. \$228.50 Bi-Weekly/7wks _____

Tuition deposits must be paid in full at time of enrollment. Weekly and bi-weekly payment must be paid by Friday end of each week. By signing this contract, the student agrees with the tuition, fees, and cost associated with Greenwood Medical Academy.

Cancellation & Refund Policy

Three Day Cancellation: Applicant may cancel this agreement without penalty by notifying Greenwood Medical Academy within three business days after signing this agreement, excluding weekends and holidays. After the third day, but before classes begin, the institution may retain up to \$50 Administrative fee (non-refundable)

Other Cancellations: The minimum number of students in the program is 3. If the course is rescheduled due to low enrollment students will be notified by phone or email. Students will have the choice of a refund or schedule to attend the next upcoming class. Deposit is transferable to the next scheduled class. If the class start is changed for a second time the student will be eligible for full refund of all monies paid.

Withdrawal: Students who wish to withdraw from Greenwood Medical Academy after classes begin will be subject to the below refund policy. Greenwood Medical Academy may retain up to \$50 Administrative fee (non-refundable) after the three-day cancellation or after classes begin. Refunds are computed in ten-percent increments, rounded downward to the nearest ten percent of that period. Refunds will be issued within 30 days after the effective date of cancellation or last date attended.

If a student is rejected or withdraw from the program the same refund policy applies for hours attended:

Hours Attended	Tuition Refund
1-9	90%
10-20	80%
21-30	70%
31-44	60%
45-72	0%

Hold Harmless Agreement

Greenwood Medical Academy and students acknowledge that there is some risk of accident or injury associated with use of equipment and other aspects of the study, including but not limited to direct care and contact of other students, clients, patients, or residents at the clinical or training facility site. Students does hereby waive, release, and discharge Greenwood Medical Academy of any and all liability, as well as all claims for damages for death, personal injury, or property damage, which I may have or which hereafter accrue to me as a result of participation in the program whether or not caused by negligence or fault of Greenwood Medical Academy.

This release is intended to discharge Greenwood Medical Academy and its officers, employees, representatives, students, volunteers, and agents from and against any and all liability arising out of or connected in any way with my participation in the training, hands on activitics, practice or other activities.

Knowing risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above that might otherwise be liable to me or my heirs or assigns for damages. I further understand and agree that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

In addition, I give permission to receive, if necessary, emergency medical services by authorized personnel, and that any cost incurred as a result of such medical treatment will be my responsibility.

Student Signature _____ Date _____

School Official Signature _____ Date _____