

## Enrollment Agreement

### Student Information

Student Name (PRINT): _____	Student ID#: _____
Address: _____	City: _____
State   Zip Code: _____	Telephone#: _____
Email Address: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth: _____	Emergency Contact: _____
Emergency Contact Number: _____	Emergency Contact Relationship: _____
Admission Date: _____	Program status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Evening Program

### Program Description, Objectives and Prerequisites

#### HSW 100: Introduction to Professional Caregiving

**Total Credit | Clock Hours:** 4 hours per day for 2 days live instructor-led virtual classroom

**Prerequisites:** None

**Class Meets** ( M, T, W, Th, F, Sa, Su): \_\_\_\_\_

This Program of Study transforms caregiving experience into a profession as a Certified Home Services Worker. It outlines client companionship, housekeeping, personal care, and assistance with day-to-day activities. This Program of Study meets and exceeds equivalency of 8 (eight) hour training as required by the Illinois Department of Public Health Administrative Code Part 245.

#### HSW 105: Alzheimer's Disease and Related Dementias Caregiving

**Total Credit | Clock Hours:** 2 hour per day for 2 days live instructor-led virtual classroom

**Prerequisites:** None

**Class Meets** ( M, T, W, Th, F, Sa, Su): \_\_\_\_\_

This Program of Study outlines the understanding of Alzheimer's Disease and related dementias caregiving, such as but not limited to, promoting dignity, independence, individuality, privacy and choice; client's rights and principles of self-determination; care of clients with physical, cognitive, behavioral and social disabilities; and effective communication. This Program of Study meets and exceeds equivalency of a 6 (six) hour training as required by the Illinois Department of Public Health Administrative Code Part 973.

## Program of Study

Course Name:	Start Date to End Date	Start time to End Time	Tuition and Fees
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Discount Code:			\$
Total Cost:			\$

## Admission Requirements

Matthews Healthcare Education has an “open door” admission policy and admits students who meet the following criteria:

- Student must meet a minimum age requirement of 18 years.
- Student must have the ability to read, write, understand, and communicate written instructions in English.
- Student must have a valid (not expired) identification issued by a federal, provincial, territorial or state government authority.
- Student as high school graduates or General Education Development (GED) earners.
- Student as non-high school graduates age 18 years or older.

## Student Consumer Information

Matthews Healthcare Education consumer information disclosure are available on the MHCE website, MHCE school catalog as an addendum to the Enrollment Agreement:

Disclosure	2020
The number of students who were admitted in the program as of July 1 of that reporting period.	0
The number of additional students who were admitted in the program during the next 12 months and classified in one of the following categories: new starts, re-enrollments, and transfers into the program from other programs at the school.	0
The total number of students admitted in the program during the 12-month reporting period.	0
The number of students enrolled in the program during the 12-month reporting period who: transferred out of the program and into another program at the school, completed or graduated from a program, withdrew from the school, and are still enrolled.	0
The number of students enrolled in the program who were: placed in their field of study, placed in a related field, placed out of the field, not available for placement due to personal reasons, and not employed.	0
The number of students who took a State licensing exam or professional certification exam, if any, during the reporting period, as well as the number who passed.	0
The number of graduates who obtained employment in the field who did not use the school's placement assistance during the reporting period (pending reasonable efforts to obtain this information from graduates).	0
The average starting salary for all school graduates employed during the reporting period (pending reasonable efforts to obtain this information from graduates).	0

## Tuition and Fees

Overview	Tuition Fee
Non-Refundable Registration Fee	Included
Total Tuition and Fees	\$
Textbook and Supplies	Included
Classroom Instruction	Included
Hands-on Training	Included
Skill Assessment Testing	Included
Other	\$
Discount Code	-\$
Total Cost	\$

All total payable cost to Matthews Healthcare Education must be paid at the time of registration. Any payment that is delinquent will cause program enrollment to be interrupted and/or dismissal. Any returned check will be assessed a fee of no less than \$45.00. Students agrees to pay all collection and reasonable attorney's fees of Matthews Healthcare Education related to the collection of unpaid services.

### Refund | Cancellation Policy

**Cancellation | Refund | Withdrawal Policy.** A full refund will be made to any student who cancels or withdraws the enrollment within 24 hours after the enrollment contract. This policy shall apply equally to all students regardless of whether the student receives federal or state financial aid.

**Definition of Full Refund.** A full refund includes a refund of required tuition and fees, or a credit in a comparable amount against future tuition and fees.

Matthews Healthcare Education may terminate this Agreement and cancel an enrollment after giving the student written notice seven (7) working days in advance of the dismissal with a stated reason for termination. This information will be retained in the student's record. Matthews Healthcare Education may terminate this Agreement without notice if there is reasonable cause to believe that the safety of any employee, student and school is at risk. In such cases, Matthews Healthcare Education will notify the student of termination of program enrollment and the reason for dismissal.

## Notice to Student

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read all pages of this contract before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
6. The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

## Student's Right to Cancel

The student has the right to cancel the initial enrollment agreement within 24 hours of the enrollment contract. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund on all monies paid to date within thirty (30) days of cancellation. Cancellation should be submitted to the authorized official of the school in writing.

## Student Acknowledgments

1. I hereby acknowledge receipt of the school's catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received 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 or credential may be awarded.

Student Initials \_\_\_\_\_

4. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

Student Initials \_\_\_\_\_

5. I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, MHCE must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.

Student Initials \_\_\_\_\_

6. I understand that the school does not guarantee job placement to graduates upon program completion.

Student Initials \_\_\_\_\_

7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333, Springfield, IL 62701 or at [www.ibhe.org](http://www.ibhe.org).

Student Initials \_\_\_\_\_

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The student acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

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

MHCE Representative \_\_\_\_\_ Date \_\_\_\_\_