

**ENROLLMENT AGREEMENT FOR THE  
115-HOUR NURSING ASSISTANT PROGRAM**

**Student Information**

Student name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #s: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone#: \_\_\_\_\_

**Program Information**

Training start date: \_\_\_\_\_ Training end date: \_\_\_\_\_

Days/Evenings/Weekends Class Meets: (circle) M T W Th F Sat Sun

**Class Hours**

**Morning Session**

The morning session operates for 4 weeks. The morning session for classroom and laboratory operates Monday-Friday for 3 weeks, which is a total of 20 days. The clinical experience operates Monday-Friday for 1 week, which is a total of 5 days. Classroom and laboratory hours are Monday-Friday from 9:00 am-2:30 pm, which is, 5 hours/day and 25 hours/week. Clinical hours are Monday- Friday from 7:00 am-3:30 pm, which is 8 hours/day and 40 hours for 1 week.

**Evening Session**

The evening session operates Monday through Thursday for 5 weeks and one day. The evening session for classroom and laboratory operates Monday-Thursday for 3 weeks and three days, which is a total of 15 days. The clinical experience operates Monday-Thursday for 1 week and two days, which is a total of 6 days. Classroom and laboratory hours are Monday through Thursday from 5 pm-10:30 pm which is, 5 hours/day and 20 hours/week. Clinical hours are Monday-Thursday from 4:00 pm-11:30 pm which is 7 hours/day for the first 5 days of clinical. The 6<sup>th</sup> and last day of clinical, the hours are from 4:00 pm-9:30 pm, which is 5 hours/day for one day. Total clinical experience is 40 hours long.

**Weekend Session**

The weekend session operates on Saturday and Sunday for 9 weeks. The weekend session for classroom and laboratory operates Saturday and Sunday for 6.5 weeks, which is a total of 13 days. The clinical experience operates Saturday and Sunday for 2.5 weeks, which is a total of 5 days.

**Top Knowledge Healthcare Institute**  
**19 East Fayette, Suite 401**  
**Baltimore, Maryland 21202**  
**Phone: 410-528-1600 • Fax: 410-528-1663**

Classroom and laboratory hours are from 9:00 am-4:00 pm on Saturdays and 10:30 am-4:00 pm on Sundays, which is 11.5 hours/week. The last day of the classroom and laboratory portion, the hours will be from 9:00 am-3:30 pm, which is 6 hours for that day. Clinical hours are on Saturday and Sunday from 7:00 am-3:30 pm. Total clinical experience is 40 hours long.

**Schedule of Tuition & Fees**

The students' fee assessment is listed below. All students' fees must be paid in full on or before the final examination on the last day of class.

<b>Fees</b>	
Registration Fee	\$ 100.00
Tuition	\$ 1045.00
<b>Sub-Total</b>	<b>\$ 1145.00</b>
 <b>Other Costs</b>	
Uniform (Royal blue scrub top and pant	\$ 20.00
Hartman's Nursing Assistant Care (4 <sup>th</sup> Ed.) and Workbook	\$ 57.00
Skills Bag (Stethoscope, blood pressure cuff and gait belt)	\$ 40.00
Background Check	\$ 53.00
<b>Sub-Total</b>	<b>\$ 170.00</b>
<b>Grand Total</b>	<b>\$ 1,315.00</b>

**Note: Criminal convictions may affect a student's ability to be licensed, registered or certified by the Maryland Board of Nursing.**

**Note: Students can purchase books and supplies on the open market. Uniforms can only be purchased on the open market.**

**Payment Plans**

Morning and Evening Session Payment Plan

Amount	Due Date
\$100.00	At Registration
\$342.00	First Day of Class
\$400.00	Week 2
\$400.00	Week 3

\*Amount of first payment depends on if books and supplies are purchased from the school.

Weekend Session Payment Plan

Amount	Due Date
\$100.00	At Registration
\$342.00	First Day of Class
\$400.00	Week 3
\$400.00	Week 5

\*Amount of first payment depends on if books and supplies are purchased from the school.

**Graduation Requirements**

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Upon successful completion of the program, the student will receive an Achievement Award. Successful completion requires:

- Students must demonstrate 100% accuracy on all skills taught in the laboratory setting to obtain a “Pass” for this portion of the program.
- Students must demonstrate 100% accuracy on all skills performed in the clinical setting to obtain a “Pass” for this portion of the program.
- Maintain at least a 84% attendance rate in class. This means a student cannot miss more than 12 hours of class.
- Maintain at least a 80% attendance rate for clinical. This means a student cannot miss more than 8 hours of clinical. However, any missed clinical time must be made-up. To be eligible for graduation, a student must complete 100% of all clinical hours.
- Achieve a minimum grade of 80% on all quizzes and exams
- All Financial obligations to the school satisfied

**Career/Job Services**

Top Knowledge Healthcare Institute does not provide job placement for their graduates. In addition, Top Knowledge Healthcare Institute cannot guarantee salaries upon graduation.

**Cancellation**

Top Knowledge Healthcare Institute maintains the right to cancel/postpone any class prior to the scheduled date. Every student enrolled in the class being canceled will be notified using the number on file.

**Leave of Absence**

Top Knowledge Healthcare Institute does not grant leaves of absences. Students interested in cancelling enrollment may notify the Director of Nursing that they wish to withdraw from the school in writing. The date of withdrawal or termination is the last date of attendance by the student. Refunds are based on the last date of attendance and shall be paid out to the student within 60 days from the date of withdrawal or termination.

**Refund Policy**

1. All monies paid by the student will be fully refunded if the student chooses not to enroll in or to withdraw from the school within seven calendar days after having signed the enrollment agreement. The refund will be paid out within 7-10 calendar days from the date of request in the form of a check.
2. If the student chooses not to enroll after the seven-day cancellation period, but before the first day of instruction, the school will retain the registration fee.
3. If, after the seven-day cancellation period expires, a student withdraws or is terminated after the instruction begins, refunds will be made based on the total contract price for the program and will include all fees, except the registration fee, admission test fee and any charges for materials, supplies, or books which have been purchased by, and are the property of the student. The minimum refund that the school will pay a student who withdraws or is terminated after the 7-day cancellation period has expired and after instruction has begun, is as follow:

Proportion of Total Class Taught By Date of Withdrawal	Tuition Refund
Less than 10%	90%
10% up to but not including 20%	80%
20% up to but not including 30%	60%
30% up to but not including 40%	40%
40% up to 50%	20%

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More than 50%

No Refund

4. If the school closes, cancels or discontinues a course or program, the school will refund to each currently enrolled student all monies paid by the student for tuition and fees and all monies for which the student is liable for tuition and fees.
5. Students interested in cancelling enrollment may notify the Director of Nursing that they wish to withdraw from the school in writing. The date of withdrawal or termination is the last date of attendance by the student. Refunds are based on the last date of attendance and shall be paid out to the student within 60 days from the date of withdrawal or termination in the form of a check.
6. Books, skills bag and school patches purchased from Top Knowledge Healthcare Institute must be in the original condition in order to receive a full refund.

**STUDENT ACKNOWLEDGMENT:**

- I have read and understand this Enrollment Agreement Form
- I acknowledge receipt of an exact copy of this Enrollment Agreement Form
- I have been advised to keep this document as well as copies of all financial documents.
- I understand this contract is legally binding after the school representative and I sign this document.
- The enrollment contract may be extended or modified only with the written consent both parties signing below. (Applicant and School representative)

\_\_\_\_\_  
Print/Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print/Signature of (name of school) official

\_\_\_\_\_  
Date