

# J&J Healthcare Institute

License Number: 3590  
1410 N. Pine Hills Rd  
Orlando, FL 32808  
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## Student Enrollment Agreement

**ALL SIGNERS MUST RECEIVE AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG.**

### STUDENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS CITY/STATE ZIP/POSTAL CODE

Name of Parent/Guardian (if student is under 18): \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Business or Cellular): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Check One:  Male  Female

### PROGRAM INFORMATION (INSTITUTION ONLY)

Program Title: \_\_\_\_\_ Clock Hours: \_\_\_\_\_ Course length: \_\_\_\_\_

Class Schedule:  
( ) full time (M-R) ( ) part time (M&T) ( ) Day Classes (9a-1p) ( ) Evening Classes (4-9p)

Hours per Week: \_\_\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_ Anticipated Ending Date: \_\_\_/\_\_\_/\_\_\_

Tuition \$ \_\_\_\_\_  
Registration Fee \$ \_\_\_\_\_  
Books \$ \_\_\_\_\_  
Materials \$ \_\_\_\_\_

**Total Program Cost** \$ \_\_\_\_\_

Goods or Services not included in the tuition \$ \_\_\_\_\_

**METHODS OF PAYMENT**

Full payment at time of signing enrollment agreement

Registration fee at the time of signing enrollment agreement with balance paid prior to program start date

Registration fee at time of signing enrollment agreement with balance paid prior to graduation.

**NOTE:** For Schools offering a payment plan with four or more payments the federal boxes or vertical listing must be included on the contract. **(ENTER N/A or LINE THROUGH if not applicable)**

ANNUAL PERCENTAGE RATE  %	FINANCE CHARGE  \$	AMOUNT FINANCED The dollar amount the credit provided to you or on your behalf.  \$	TOTAL OF PAYMENT The amount you will have paid after you have made all payments as scheduled.  \$	TOTAL SALES PRICE The total cost of your purchase on credit including your down payment of  \$
YOUR PAYMENT SCHEDULE WILL BE:				
NUMBER OF PAYMENTS	AMOUNT OF EACH PAYMENT	WHEN PAYMENTS ARE DUE		
	\$	Beginning on ___/___/___ and on the same day each (check one) weekly or bi-weekly thereafter		

(Any late fee payments and conditions thereof must be disclosed on the enrollment agreement and in the catalog)

All prices for program are printed herein. Contracts are not sold to a third party at any time. There are no carrying charges, interest charges, or service charges connected or charged with any of these programs unless stated.

**CANCELLATION AND REFUND POLICY**

Should a student's enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule:

1. Cancellation can be made in person, by electronic mail, by Certified Mail or by termination.
2. All monies will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the enrollment agreement and making initial payment.
3. Cancellation after the third (3rd) Business Day, but before the first class, will result in a refund of all monies paid, with the exception of the registration fee (not to exceed \$150.00).
4. Cancellation after attendance has begun, but prior to 40% completion of the program, will result in a Pro Rata refund computed on the number of hours completed to the total program hours.
5. Cancellation after completing 40% of the program will result in no refund.
6. Termination Date: When calculating the refund due to a student, the last date of actual attendance by the student is used in the calculation unless earlier written notice was received.
7. Refunds will be made within 30 days of termination of the student's enrollment or receipt of a Cancellation Notice from the student.

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**GROUNDS FOR TERMINATION**

A student's enrollment can be terminated at the discretion of the institution for insufficient academic progress, non-payment of academic costs, or failure to comply with rules and policies established by the institution as outlined in the catalog and this agreement.

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**EMPLOYMENT ASSISTANCE**

Although placement assistance may be offered, the institution does not guarantee employment.

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**ACKNOWLEDGEMENT**

This document and the catalog constitute a binding contract between the institution and the student and no further modification or representation except as herein expressed by both parties will be recognized.

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**CREDENTIAL AWARDED**

Upon satisfactory completion of the program the student will be awarded a \_\_\_\_\_  
(Enter Diploma, Certificate)

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**DO NOT SIGN THIS CONTRACT BEFORE YOU HAVE READ IT OR IF IT CONTAINS ANY BLANK SPACES. ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG.**

_____ Signature of Applicant	_____ Date	_____ Signature of Parent/Guardian (If under 18 years of age)	_____ Date
_____ Signature of School Official	_____ Date		