

Coastal Career Academy

288 Plymouth Avenue | 807 Broad Street | Tel: 508-536-5366
 Fall River, MA 02721 | Providence, RI 02907 | Fax: 508-762-1470
 Email: coastalcareeracademy@gmail.com
 www.coastalcareeracademy.com



ENROLLMENT AGREEMENT

Name:	Phone:	Cell:
Address:	City:	State/Zip:
S.S.#:	D.O.B.:	E-mail:

Emergency Contact:

Please Check Course/Program	Entrance Requirements	Tuition	Admin Fee Non-Refundable	Additional Expenses for each Class (estimates)	
<input type="checkbox"/> Nurse Assistant Training. Home Health Aide 100 clock hours	Able to read and write English @ 5th grade level	\$800	\$50	Scrubs \$40 Book(s) \$55 Immunizations \$50-\$200	Liability Insurance \$20 State License Test -\$100 (MA) -\$114 (RI)
<input type="checkbox"/> Medical Assistant Program 600 clock hours	HS Diploma / GED	\$4800	\$50	Scrubs \$40 Book(s) \$495 Immunizations \$50-\$200	Liability Insurance \$20 National Test \$199
<input type="checkbox"/> Medical Office Assistant 560 clock hours	HS Diploma / GED	\$4600	\$50	Scrubs \$40 Book(s) \$340 Immunizations \$50-\$200	Liability Insurance \$20 National Test \$109-\$139
<input type="checkbox"/> Phlebotomy 200 clock hours	HS Diploma / GED	\$1800	\$50	Scrubs \$40 Book(s) \$88 Immunizations \$50-\$200	Liability Insurance \$20 National Test \$135
<input type="checkbox"/> EKG 40 clock hours	HS Diploma / GED	\$800	\$50	Scrubs \$40 Book(s) \$78 Immunizations \$50-\$200	Liability Insurance \$20 National Test \$109
<input type="checkbox"/> Patient Care Technician 420 clock hours	HS Diploma / GED	\$4200	\$50	Scrubs \$40 Book(s) \$212 Immunizations \$50-\$200	Liability Insurance \$20 National Test \$109
<input type="checkbox"/> Massage Therapist Certificate Program 650 clock hours	HS Diploma / GED	\$7000	\$50	Scrubs \$40 Book(s) \$200-\$500 Immunizations \$50-\$200	Liability Insurance \$20 Equipment \$400
<input type="checkbox"/> Plumbing Apprentice TIER I-V 110 clock hours	Apprentice Card	\$750	\$50	Massachusetts Code Book and Materials \$199	
<input type="checkbox"/> AHA BLS 4 clock hours		\$65	\$0	Book \$10	

Date Begins: / /	Date Ends:				
Tuition Fee:	Supplies:				
Books:	Other Charges:				
Discounts:	Liability Policy:				
Total Charges:					
Estimate additional expenses incurred by student:					
<i>Student's method of payment:</i>					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> School Payment Plan	<input type="checkbox"/> Cash	<input type="checkbox"/> Career Center	<input type="checkbox"/> Network RI
Career Center Counselor:					

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Refund Policy (as per M.G.L. Chapter 255, Section 13k):

1. You may terminate this agreement at any time.
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program.
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7.
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
7. If you terminate this agreement after the initial five day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day, such writing is mailed.
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.

Book Refund Policy:

Textbooks may be returned if plastic wrapping has not been removed and the book has not been written in.

Administrative Costs Equal: \$ _____

I have been provided a copy of the school's catalog and policies in a manner of my choosing and I am initialing my choice:

Hard Copy _____ USB Drive _____ Send via Email _____

_____ I will download the Catalog and Policies from the School's website www.coastalcareeracademy.com

Students Initials:

_____ I understand the contract will not be forced in effect until signed by both a school representative and myself.

_____ I have received a copy of the school's complaint procedures policy.

_____ I understand the refund policy as stated above.

_____ I understand that course work and/or credit from this school may not be transferable to other institutions of education and acceptance is at the discretion of the receiving institution.

The school is licensed by the Massachusetts Division of Professional Licensure's Office of Private Occupational School Education. Any comments, questions, or concerns about this School's license should be directed to occupational.schools@state.ma.us or 617-727-5811.

Student's Signature	Print Students Name: Date:
If student is under the age of 18,	
Parent/Guardian:	Print Parent/Guardian's Name: Date:
School Official's Signature	Print School Official's Name: Date:

I, THE STUDENT, HAVE RECEIVED A COMPLETED AND SIGNED COPY OF THIS AGREEMENT ON _____ DATE _____
(STUDENT'S INITIALS)