



## **STUDENT ENROLLMENT AGREEMENT**

This agreement covers the calendar year of 2021

### **STUDENT INFORMATION**

Student Name	
Address	
City/State/Zip	
Phone	
E-Mail	
Last 4 Digit of Social Security	
Emergency Contact Name	
Emergency Contact Relationship	
Emergency Contact Phone	

### **ENROLLMENT INFORMATION**

If you require assistance with this agreement, disclosures, and statements because of lack of understanding of the English language, please contact the Chief Academic Officer to arrange for translation services. This document must be completed with a school official in order to assure all questions regarding the enrollment agreement are fully understood and that all required fields are completed prior to admission.

### **ADDRESS OF INSTUTION**

All instruction will be held at Bay Area Training Academy located at

- 14275 Wicks Blvd San Leandro CA 94577  
And/or
- 1141 Harbor Bay Parkway Suite 103 Alameda, Ca 94502.

### **PROGRAM INFORMATION** (To be completed by school administrator)

- ☐ EMT Academy 170 Hours (146 Lecture/Skills Hours and 24 Clinical Hours)
- ☐ CPR BLS for Healthcare Providers Course 5 Hours
- ☐ CPR BLS for Healthcare Provider Course Renewal Course 5 Hours
- ☐ EMT Refresher Academy 24 Hours

Date of Admission: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Location: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

Anticipated End Date: \_\_\_\_\_

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

☐ Full-Time ☐ Part-Time

Number of Weeks: \_\_\_\_\_ Hours of Instruction/ Credit: \_\_\_\_\_



## SCHEDULE

Day of the week	From	To
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		
<input type="checkbox"/> Saturday		
<input type="checkbox"/> Sunday		

## TUITION

Estimated/Total Cost of Programs for EMT Academy:

Tuition	\$1,800.00	
Registration Fee	\$240.00	Not included in cost of tuition/Nonrefundable
Uniforms	\$120.00	Not included in cost of tuition/Nonrefundable
Textbook/eBook/Course Material	\$390.00	Not included in cost of tuition/Nonrefundable
STRF Fee	\$0.00	State of CA required, Nonrefundable
<b>ACADEMY TOTAL</b>	<b>\$2,550.00</b>	

Estimated/Total CPR BLS for Healthcare Provider Initial:

Tuition	\$80.00	
Textbook (eBooks)	\$14.50	Mandatory - Purchas directly from American Heart Association
STRF Fee	\$0.00	State of CA required, Nonrefundable
<b>CPR Provider Total</b>	<b>\$94.50</b>	<b>Includes book</b>
<b>CPR Provider Total</b>	<b>\$80.00</b>	<b>Excludes book</b>

Estimated/Total CPR BLS for Healthcare Provider Renewal

Tuition	\$80.00	
Textbook (eBooks)	\$14.50	Mandatory - Purchas directly from American Heart Association
STRF Fee	\$0.00	State of CA required, Nonrefundable
<b>CPR Provider Total</b>	<b>\$94.50</b>	<b>Includes book</b>
<b>CPR Provider Total</b>	<b>\$80.00</b>	<b>Excludes book</b>

Estimated/Total EMT Refresher Course

Tuition	\$298.00	Nonrefundable
Application Processing Fee	\$35.00	Nonrefundable
STRF Fee	\$0.00	State of CA required, Nonrefundable
<b>CPR Provider Total</b>	<b>\$333.00</b>	

## CANCELLATION REFUND POLICY

A student has a right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first-class session or seventh day after enrollment whichever is later, less specified non-refundable fees (Registration Fee, Uniforms and Textbook /eBook /Course Material). *Rejection: An applicant rejected by the school is entitled to a refund of all funds paid.*

### Withdrawal Procedure:

1. A student choosing to withdraw from the school after the commencement of classes is to provide a written notice to the Chief Executive Officer (CEO). The notice must include the expected last date of attendance and be signed and dated by the student.



2. If special circumstances arise, a student may request, in writing, a leave of absence, which should include the date the student anticipates the leave beginning and ending. The withdrawal date will be the date the student is scheduled to return to from the leave of absence but fails to do so.

All refunds must be submitted in writing within 45 days of the determination of the withdrawal date. Tuition refunds will be determined as follows: (Please note that the following text provides the minimum refund policy, the school may exceed these standards and be more generous to students. If and when the school is eligible to participate in the federal financial aid programs, the school's refund policy must also comply with the federal guidelines and be described in this agreement).

Proportion of Total Program Taught by Withdrawal Date
60% or less of the program

The pro rata refund shall be no less than the total amount owed by the student for the portion of the educational program subtracted from the amount paid by the student calculated as follows: the amount owed equals the daily charge for the program total charge, divided by the number of hours in the program, multiplied days student attended or was scheduled to attend prior to withdrawal. If the student has received federal student financial aid funds, the student is entitled to a refund of monies not paid from federal student financial aid program funds.

## CONTRACT ACCEPTANCE

"I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed 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. I also understand that if I default upon this agreement, I will be responsible for payment of any collection fees or attorney fees incurred by the Bay Area Training Academy. I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me."

Estimated Total Charges for the Entire EMT Program;	\$
Estimated Total Charges for the Entire CPR Program;	\$
Estimated Total Charges for the Entire EMT Refresher Program;	\$
<b>Total Charges the Student is Obligated to Pay:</b>	<b>\$</b>

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SCHOOL OFFICIAL

\_\_\_\_\_  
DATE

### Estimated/Total Cost of Programs for EMT Academy:

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1. "As a prospective student, you are encouraged to review this catalog prior to signing an enrollment agreement. You are also encouraged to review the School Performance Fact Sheet, which must be provided to you prior to signing an enrollment agreement."
2. "You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:
  - a) You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition either by cash, guaranteed student loans, or personal loans, and
  - b) Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.
3. You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if either of the following applies:
  - a) You are not a California resident, or are not enrolled in a residency program, or
  - b) Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party."
4. "The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California residents, or are enrolled in a residency program attending certain schools regulated by the Bureau for Private Postsecondary Education. You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid STRF assessment, and suffered an economic loss as a result of any of the following:
  - a) The school closed before the course of instruction was completed.
  - b) The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
  - c) The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.



- d) There was a material failure to comply with the Act or the Division within 30-days before the school closed or, if the material failure began earlier than 30-days prior to closure, the period determined by the Bureau.
- e) An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act."
- f) However, no claim can be paid to any student without a social security number or a taxpayer identification number.

#### **"NOTICE"**

"You may assert against the holder of the promissory note you signed in order to finance the cost of the educational program all of the claims and defenses that you could assert against this institution, up to the amount you have already paid under the promissory note. A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 or by completing a complaint form, which can be obtained on the bureau's internet web site ([www.bppe.ca.gov](http://www.bppe.ca.gov))."

"Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833 or P.O. Box 980818, West Sacramento, CA 95798-0818, [www.bppe.ca.gov](http://www.bppe.ca.gov), (888) 370- 7589 or by fax (916) 263-1897"

#### **TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION**

"The transferability of credits you earn at the Bay Area Training Academy is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate in EMT or CPR you earn is also at the complete discretion of the institution to which you may seek to transfer. If the certificate in EMT or CPR that you earn at this institution is not accepted at the institution to which you seek to transfer, you may be required to repeat some or all your coursework at the institution. For this reason, you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending the Bay Area Training Academy to determine if your certificate will transfer".

#### **DISTANCE EDUCATIONAL PROGRAM**

Bay Area Training Academy does not currently offer any distance educational programs.

#### **NOTICE TO BUYER:**

1. Do not sign this agreement before you have read it or if it contains any blank spaces. I understand that this is a legally binding contract. My signature below certifies that I have read understood and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me. Only 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.
2. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
3. This agreement and the school catalog constitute the entire agreement between the student and the school.
4. Although the school will provide placement assistance, the school does not guarantee job placement to graduates upon program completion or upon graduation.
5. The school reserves the right to reschedule the program start date with the number of students scheduled is too small.



6. The school reserves the right to terminate a students' training for unsatisfactory progress, nonpayment of tuition or failure to abide established standards of conduct.
7. The school does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution.
8. If the student defaults on a federal or state loan both the following may occur:
  - a) The federal or state government or a loan guarantee agency may take action against the student including applying any income tax refund to which the person is entitled to reduce the balance owned on the loan.
  - b) The student may not be eligible for any other feral student financial aid at another institution or other government financial assistance until the loan is repaid.

#### **STUDENT ACKNOWLEDGMENTS:**

1. I hereby acknowledge receipt of the school's catalog dated \_\_\_\_/\_\_\_\_/\_\_\_\_, which contains information describing programs offered, and equipment/supplies provides. 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 a 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 may be awarded.  
\_\_\_\_\_(Student initials)
4. I understand that the school does not guarantee job placement to graduates upon program completion or upon graduation.  
\_\_\_\_\_(Student initials)
5. 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 State all student complaints must be submitted in writing.  
\_\_\_\_\_(Student initials)
6. "Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement."  
\_\_\_\_\_(Student initials)
7. "I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet."  
\_\_\_\_\_(Student initials)



8. If the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.  
\_\_\_\_\_ (Student initials)
9. The enrollment agreement is legally binding when signed by the student and accepted by the institution.  
\_\_\_\_\_ (Student initials)

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

**REPRESENTATIVE'S CERTIFICATION:**

I hereby certify that \_\_\_\_\_ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student in the Bay Area Training Academy at \_\_\_\_\_ (Program of Study), as described in the school catalog. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

\_\_\_\_\_  
SIGNATURE OF SCHOOL OFFICIAL

\_\_\_\_\_  
DATE

For questions regarding this document, please contact:  
*Nicky Bahr – Chief Executive Officer*  
949.899.3363  
nicky@bataeducation.com

*Kenia Gamero – Program Admin Coordinator*  
510.338.7778  
KeniaG@bataeducation.com

