

Coastal Career Academy

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Fall River, MA 02721

email: coastalcareeracademy@gmail.com

www.coastalcareeracademy.com


Tel: (508) 536 - 5366
Fax: (508) 762 - 1470
Enrollment Form

Name:		Phone:	Cell:
Address:		City:	State / Zip:
SSN:	DOB:	email:	
Emergency Contact			
Name:		Phone:	Relationship:

	Course/Program <i>(please check box)</i>	Entrance Requirements	Tuition	Non-refundable Administrative Fee	Additional Expenses <i>(estimated)</i>
<input type="checkbox"/>	Medical Assistant Program <i>600 clock hours</i>	HS Diploma / GED	\$4,800	\$50	Uniforms: \$50/each Immunizations: \$50-200 Books: \$132-\$484
<input type="checkbox"/>	Medical Office Program <i>560 clock hours</i>	HS Diploma / GED	\$4,600	\$50	Uniforms: \$50/each Immunizations: \$50-200 Books:\$328
<input type="checkbox"/>	Nurse Assistant Training Home Health Aide <i>100 clock hours</i>	Able to read & write English at 5 th grade level	\$800	\$40	Uniforms: \$50/each Immunizations: \$50-200 Book: \$65 State License Test: \$100
<input type="checkbox"/>	Phlebotomy <i>200 clock hours</i>	HS Diploma / GED	\$1,800	\$50	Uniforms: \$50/each Immunizations: \$50-200 Book: \$88
<input type="checkbox"/>	EKG (Cardio) <i>40 clock hours</i>	HS Diploma / GED	\$800	\$40	Book: \$74 Immunizations: \$50-200
<input type="checkbox"/>	Patient Care Technician <i>420 clock hours</i>	HS Diploma / GED	\$4,200	\$50	Books:\$221 Uniform:\$50 Immunizations: \$50-200
<input type="checkbox"/>	CPR/BLS <i>4 clock hours</i>		\$65	\$0	N/A
<input type="checkbox"/>	Plumbing Apprentice TIER I-V <i>110 clock hours</i>	Apprentice Card	\$750	\$37.50	Massachusetts Code Book

Cost Calculations

Date Begins: / /	Date Ends: / /
Tuition Fee:	Supplies:
Book(s):	Other Charges:
Discounts:	
Total Charges:	Liability Policy: \$20.00
Estimated additional expenses incurred by student:	

Student's method of payment

<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:			Immunization Records Received:		



Refund Law (as per M.G.I. Chapter 255, Section 13K)

1. You may terminate this agreement at any time.		
2. If you terminate this agreement within 5 days you will receive a refund of all monies paid, provided that you have not commenced the program	5 th Day:	Refund Amount:
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.	Program start date:	
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least 75% of the tuition, less the actual reasonable administrative costs described in paragraph 7.	Last date of 1 st quarter:	
5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least 50% of the tuition, less the actual reasonable administrative costs described in paragraph 7.	Last date of 2 nd quarter:	
6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least 25% of the tuition, less the actual reasonable administrative costs described in paragraph 7	Last date of 3 rd quarter:	
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.	5 th Day:	
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.	1 st Day of 4 th quarter:	

Administrative Costs: \$ _____

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

_____ Hard Copy _____ via email request
 _____ I will download the catalogue and policies from school website: www.coastalcareeracademy.com

Student Initials:

- _____ I understand this contract will not be in force and effect until signed by both myself and a school representative.
- _____ I have received a copy of the school's complaint procedure policy.
- _____ I understand the refund law as stated above.
- _____ I understand that coursework 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

This 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, dial "0"



Any changes, addendums, or additions made subsequent to the signing of the enrollment agreement must be in writing and signed by both the school and the student and are subject to the regulations of 230 CMR 15.04.

You have the right to cancel this enrollment contract before the completion of five school days or five percent of this Program, or course, whichever occurs first, and to receive a full refund of all monies paid, less actual reasonable administrative costs up to \$50 and actual reasonable costs of non-reusable supplies or equipment.

Refund Amount: \$_____.

You have the right to cancel this enrollment contract if a school allows you to begin participation in a Program while an initial award for financial aid, including student loans, is pending, and you are subsequently denied some or all of that student loan or financial aid amount, the School shall offer you, in writing, an opportunity to terminate the enrollment agreement with a full refund of all monies paid, less actual reasonable administrative costs as defined under M.G.L. c. 255, s. 13K.

Student's Signature: _____ **Date:** _____

Print Student's Name: _____

If student is under the age of 18,

Parent/Guardian: _____ **Date:** _____

Print Parent/Guardian's Name: _____

School Official's Signature: _____ **Date:** _____

Print School Official's Name: _____

I, the student, have received a completed and signed copy of this agreement on date: _____