

CCEP
271 Wildwood Drive
Rochester, New York 14616

FULL-TIME STUDENT CONTRACT FOR TERM BEGINNING _____

I, _____, do hereby enroll in the 728
Instructional hour Child Care Education Program.

NAME		DATE OF BIRTH	
ADDRESS		SS#	
		PHONE	

A non-refundable registration fee of \$75.00 is due upon application for enrollment.
Tuition is due ten days prior to the beginning of the first date of attendance.
Arrangements for payment must be made with the Chief Operation Officer.

REFUNDS

- A. A Full-time student who cancels within 7 days of signing the enrollment agreement but before instruction begins receives all moneys returned with the exception of the non-refundable registration fee.
- B. Thereafter, a full-time student will be liable for
 - 1. the non-refundable registration fee plus
 - 2. the cost of any textbooks or supplies accepted plus
 - 3. tuition liability as of the student's last date of physical attendance. Tuition liability is divided by the number of terms in the program. Total tuition liability is limited to the term during which the student withdrew or was terminated, and any previous terms completed.
 - 4. Any full-time student that is terminated or withdraws after the first week of the program is liable for the following tuition cost:

TERMS FULL TIME STUDENTS

FOR REFUND CALCULATION PURPOSES ONLY THE REFUND IS TO BE DIVIDED INTO THREE FIFTEEN WEEKS TERMS ASSUMING PAYMENT IN FULL OF \$2000.00 THE REFUND WOULD BE AS FOLLOWS:

(A) First and Second Term*

If termination occurs	school may keep
Prior to or during the first week.....	0%
During the second week.....	20%
During the third week.....	35%
During the fourth week.....	50%
During the fifth week.....	70%
After the fifth week.....	100%

(B) Third Term

During the first week.....	20%
During the second week.....	35%
During the third week.....	50%
During the fourth week.....	70%

After the fourth week..... 100%

C. The student refund may be more than that stated above if the accrediting agency or Federal refund policy results in a greater refund.

*If a student withdraws during the second term, the school must use the "First Term" schedule unless the school can demonstrate that no significant educational change has occurred in the program as of the student's last date of attendance. See the Student Disclosure Notice (BPSS-114)

Although placement assistance service is provided, the school cannot guarantee a job to any student or graduate.

The School will be closed on the following Holidays: New Year's Day, Martin Luther King Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving(Thursday, Friday and Saturday)and Christmas Day.

CHILD CARE EDUCATION PROGRAM SCHEDULE:
MONDAY 6:30 PM - 8:30 P.M. SATURDAY 8:30 A.M. - 4:30 P.M.

I have provided the following forms and agree to inform the Center of any changes to the information provided thereon. I understand that these forms must be filed out prior to my first date of attendance.

Medical Report

<input type="checkbox"/> (Medical report <input type="checkbox"/> (Registration Card <input type="checkbox"/> (Student contract <input type="checkbox"/> (SCR form <input type="checkbox"/> (Background Information sheet <input type="checkbox"/> (Tuition Grant(if applicable)
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I have receive and reviewed the Policies and the Necessary forms for registration and agree to them.

By my signature I agree to the conditions of this agreement. I also verify that I have read and received a copy of the agreement and the school catalog.

Student signature _____ Date _____

The agent(s) who enrolled me was/were:

_____ Cert. #: _____

_____ Cert. #: _____

Student signature _____ Date _____

I have received a copy of the Student Disclosure Material.

Student signature _____ Date _____

Accepted for the School by _____ Date _____

I have elected the payment plan of _____ per month for _____ months until the entire tuition is paid in full at no interest.

_____ name

_____ date

_____ Inc. / date