

REGISTRATION FORM

Student Name: _____ **Birth Date:** _____ **Phone #:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

E-Mail: _____

I am, or think I am pregnant: yes/no _____ I have an arrest record: yes/no _____

If yes, please explain: _____

How did you hear about the VIP course? _____

Tuition for the course is **\$3,350.00** and includes: supplies, uniforms, CPR training, textbook and a **non-refundable** application fee of \$50.00. Please specify which session dates you would like to register for: _____.

Please indicate uniform size: ___S ___M ___L ___XL ___XXL

Refund and Cancellation Policy:

-Refund computations will be based on scheduled instructional hours through the last day of attendance.

-If tuition and fees are collected in advance of entrance, and if after expiration of the 72 hour cancellation privilege*, the student does not enter school, the \$50.00 application fee will be non-refundable and the remaining tuition will be subject to the following:

A: If the applicant has not completed more than 5 percent of instructional time, the refund due is no less than 95 percent of tuition.

B: If the students has completed more than five percent, but not more than 10 percent of instructional time, the refund due will be no less than 90 percent of tuition.

C: If the student has completed more than ten percent, but not more than 25 percent of instructional time, the refund due will be no less than 75 percent of tuition.

D: If the student has completed more than twenty-five percent, but no more than fifty percent of instructional time, the refund will be no less than fifty percent of tuition.

E: The student completing more than fifty percent of instructional time will be informed that the institution is not required to issue a refund.

The full refund policy to include withdrawals and students called to active duty will be presented and reviewed upon enrollment.

*72 Hour Cancellation policy- a full refund will be made to any student who cancels the enrollment contract within 72 hours of signing the contract

I wish to select one of the following payment options:

- Payment in Full** \$3,350.00 (includes \$50.00 application fee).
- \$850.00 Down Payment** (includes \$50.00 application fee) then \$250.00 per class for 10 weeks. Balance must be paid on or before the **10th week**.
- Care Credit Extended Financing:** See box below for instructions.

Method of Payment (Check all that apply):

___Check ___Money Order ___Credit Card (Amex, Discover, MC, Visa- see box below) ___CareCredit

You can apply for **CareCredit** financing by phone or online:

- **By phone:** Call **1-800-365-8295** and follow the automated prompts. Our office phone # is **770-499-7756**.

- **Online:** Apply at www.carecredit.com . Under "Doctor's Name" write **Dr. Karen Mills** or "phone" use **770-499-7756**. To ensure your approval, enter the **FULL FEE of \$3,350.00** and make sure all information is correct. Include all sources of household income (salary, bonuses, alimony). Consider using a co-applicant if your application is denied.

Upon approval, you will be given a **16-digit number**. Write that number in the "CareCredit Acct #" space below. If you will be using CareCredit along with another form of payment, please inform us of this using the notes section below. Once we have reviewed your information, we will call you to set up a time for you to tour your new school, ask questions and finalize paperwork.

CareCredit Acct or Credit Card #: _____ **Exp date:** _____ **3 digit code:** _____

Name on Card or CareCredit Acct: _____ **Billing Address:** _____

Billing Zip: _____

Notes: _____