



Marion County Ambulance District Training Center

142 Jaycee Drive

Hannibal, MO 63401

Phone: (573)221-5510 Email: education@mcadems.com

PARAMEDIC CLASS ENROLLMENT AGREEMENT

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBERS: (C) _____ (H) _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE #: _____

MEDICAL/FIRE/LAW ENFORCEMENT EXPERIENCE:

DISCOUNTS & PAYMENT PLAN

Retired & Active Military Personnel.....50% discount
(In order to receive the discount, you must provide proof of the above to the District)

An initial payment of \$850.00 is due on or before the first night of class. On or before the first 30 days of class, a second payment of \$850.00 (\$417.00 with 50% discount) will be due, and the remaining balance of \$4150.00 (\$2083.00 with 50% discount) will be divided into 4 more monthly payments of \$850.00 per month (\$417.00 with 50% discount), with the entire balance due on or before the end of the 6th month of the class.

REFUND POLICY

Should the student's enrollment be terminated or should the student withdraw for any reason, all refunds will be made according to the following refund schedule A Technical/Administrative and Book Fee of \$385.00 will not be refunded:

REJECTION POLICY

Rejection: An applicant rejected by the school is entitled to a refund of all monies paid.

WITHDRAWAL PROCEDURE

1. A student choosing to withdraw from the course after the commencement of classes must provide a written notice to the Education Division Chief. The notice must include the expected last date of attendance and be signed and dated by the student.
2. A student will automatically be considered withdrawn from the course depending on the number of consecutive classes missed and the length of the course. Consecutive classes missed may range from 4-10 based on the length of the course. The decision for an automatic withdrawal will be made jointly by the course instructor and the Education Division Chief.

NOTICE TO STUDENT (Please initial each line)

1. Do not sign this agreement before you have read it or if it contains any blank spaces. _____
2. This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the Training Center or the admissions officer at the Training Center’s principal place of business. Read all pages of this contract before signing. _____
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign. _____
4. Any changes in this agreement must be made in writing and shall not be binding on either the student or the Training Center unless such changes have been approved in writing by the authorized official of the Training Center and by the student or the student’s parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement. _____
5. The Training Center does not guarantee the transferability of credits to another Training Center, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution. _____

STUDENT ACKNOWLEDGMENTS

1. I have carefully read and received an exact copy of this enrollment agreement.
Student Initials _____
2. I understand that the Training Center 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. While enrolled in the Training Center, I understand that I must maintain satisfactory academic progress and that my financial obligation to the Training Center must be paid in full before a certificate or credential may be awarded.
Student Initials _____
3. I hereby acknowledge that the Training Center has made available to me all disclosure information as required by law.
4. **Student Initials** _____
5. I understand that the Training Center does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, MCAD Training Center must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.
Student Initials _____

6. I understand that the Training Center does not guarantee job placement to graduates upon program completion.

Student Initials _____

7. I understand that complaints, which cannot be resolved by direct negotiation with the Training Center in accordance to its written grievance policy, may be filed with the Marion County Ambulance District Administration, 142 Jaycee Drive, Hannibal, MO 63401.

Student Initials _____

The student acknowledges receiving a copy of this completed agreement. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood 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 Training Center Official. The student and the Training Center will retain a copy of this agreement.

Student's Signature

Date

Program Director's Signature

Date