

ENROLLMENT AGREEMENT/ VOCATIONAL NURSING PROGRAM "ALL INFORMATION IS STRICTLY PERSONAL AND CONFIDENTIAL"

Course:	Start Date:	End Date:		
Student Name: _		Social Security		
CA ID or Driving	g License:	State: Expiration Date:		
our current Add	ress:			
Street	City	State	Zip Code	
Phone# you can l	be reached: ()		()	
E-Mail Address:				
Emergency Cor	ntact:			
Name	Relationship		Phone #	
1.	I			
2.				
3.				
Have vou previo	usly enrolled in an VN pro	ogram through s	another school? Yes No	
nave you previou	usiy enroned in an viv pro	ogram timough a	another sensor.	
If yes, then when	?			
What have are 10				
What happened?				



Lotus Medical Career College

1460 E. Holt Ave. Suite 176A Pomona, CA 91767 Imccpomona.magix.net (909) 625 - 8050

Education: List in chronological order all educational institutions attended, beginning with high school, including the school you are now attending.

School Name	City/State	From Mo/yr.	To Mo/yr.	Diploma Degree or # Of units
WORK EXPERIENCE:	List in order, from fiv	ve years to present.		
Employer	City/State	From Mo/yr.	To Mo/yr.	Type of Work
ETUNIC CROUD, Door	namaa Ontianal hut a	name sisted		
ETHNIC GROUP: Res				
American Inc	dian/ Alaskan Native	Black		
Anglo		Filipin	0	
Asian/Pacific	Islander	Hispar	nic	
Is English your Prima	ry Language? Y	es No		
If "No", what is your Primary Language?				
•			an annallad	
List any other health career, program(s) in which you have been enrolled				
How did you become	e interested in the LN	MCC VOCATIONAL NU	JRSING PROGRAM?	
Friend/ Rela	tive in program	Caree	r Days/Class Present	ation
NewspaperHigh School Counselor				
CNA Class at	Other	Other		



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ENROLLMENT AGREEMENT- VOCATIONAL NURSING

Last Name	First Name	Middle Name	Social Security # or	SEVIS Dri	iver License #
Address/ Street	Apt/ Suite	City	State	Zip	
Phone#	Cell Phone #	Birth	Date E	mail Address	
(Circle One) Citizen	/ Eligible Noncitizen / N	Joithor			
(Circle One) Citizen	/ Engible Noncitizen / N	rettilei			
Start Date of Progra	m: Expected Completion	on Date: Enrollme	nt Date: Period Cover		WBST HSD
					GED
					CNA Other
Program Title: VN	Schedule: Days and	Γimes: Monday t	o Sunday Theory: 8AN		
7PM			OR	Monday-Sunday Cl	inical: 7AM-
		Monday	to Sunday Theory: 3P	M to 9:30PM Clinica	al: 2 PM
10:00PM			OR	Monday-Sunday Cl	inical: 7AM-
7PM					
Program Length: 15	5 months	# Of Clock Hours 17	# Of Weeks	59	
Successful graduates	s will receive a Diploma				
All Courses Schedule	es are subject to change	in start and comple	tion date: Students will	be notified in case of	changes.
Amended Scheduled	(If Applicable): Extend	ed Completion Date	: Students In	iitials:	
	, , ,	•			
School Official Initia	als:				
**Parent or Legal G	uardian Must Sign "If y	ou are under 18 yea	ars of age" I understand	mine and the college	obligations
under this Enrollme	nt Agreement (Except tl	ne Cancellation and	Refund Provision):		
	· · ·		-		

Total Fees, Charges & Expenses for the Vocational Nursing Training

Vocational Nursing- 1736 hours

Registration Fee	\$250.00	Non-refundable Registration Fee	
Tuition	\$ 28,272.22	Total Tuition Charged for the program	
Laboratory Supplies	\$388.00	Lab Supplies or Blood Pressure Kits	
Textbooks and other Learning Media	\$1166.28	Textbooks and other Learning Media (Review Course)	
Uniform, Shoes & Badge	\$1011.00	Uniform/shoes/Lab coats/Badge	
Laptop	\$1580.00	Laptop in Term II	
WBST	\$50.00	WBST examination	
STRF Current Rate	\$00.00	Non-Refundable STRF FEE (\$0) (Effective 4/1/24 - \$0.00)	
CPR	\$ 90.00	(Included in Tuition) - CPR	
Live scan/Finger Printing	\$187.50	(Included in Tuition)	
ATI Review Course	\$1850.00		
NCLEX Exam/Licensure registration Pearson Vue \$200, BVNPT Application \$220 Mailing Charges \$35	\$455.00	Total Charges the student obligated to pay upon enrollment. Total charges for current period of attendance.	
TOTAL PROGRAM COST FOR VN	\$35,300.00	I train Approved Only Estimated total charges for the entire educational program.	
Tutoring/Make up hours \$ 50.00/hr.	(Not Included)	TOTAL CHARGES FOR THE CURRENT PERIOD OF	
Assessment Fees for Transfer of credit (Not Included)	\$ 50.00/hr.	ATTENDANCE; ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM; THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT:	

^{*} NOTE: Total fees is subject to change upon available discount. *

NOTICE: IF THE STUDENT OBTAINS A LOAN TO PAY FOR AN EDUCATIONAL PROGRAM, THE STUDENT WILL HAVE THE RESPONSIBILTY TO REPAY THE FULL AMOUNT OF THE LOAN PLUS INTEREST, LESS THE AMOUNT OF ANY REFUND.				
STUDENT SIGNATURE	DATE			

General Information

CAMPUS LOCATION

1460 E. Holt Avenue, Suite 176A Pomona, CA 91767 School Telephone # (909)625-8050 School Fax # (909) 632-1800

CLASS LOCATION

Class sessions will be held at the following location: 1460 E. Holt Avenue Suite 176B Pomona CA 91767 Room #2

HOURS OF OPERATION

Office: 9:00AM-5:00PM

2526 (a) (14) ((A-E) ALTERNATE STUDENTS

Alternate Students - May admit alternate students in each new class to replace students who may drop out:

- 1. The number of alternate students admitted may not exceed 10% of the school's Board of Vocation Nursing approved number of students per class. For example, if 30 students admitted only 3 students can be as an alternate.
- 2. Prior to admission, alternate students must be informed in writing of their alternate status. Alternate students may participate in classes until the commencement of scheduled clinical experience at approved clinical facilities.
- 3. Upon commencement of the clinical experience at approved clinical facilities, the actual number of students in the class may not exceed the number of students approved by the Board for that class.
- 4. If an accepted student withdraws from the program, an alternate student, in good standing with the school will be offered a seat in the class. Good standing includes GPA, attendance, positive attitude, and financial obligation to the school.
- 5. If no accepted student withdraws before the beginning of the clinical experience, alternate students' enrollment will be cancelled, and all monies collected will be refunded except registration fee, used books & supplies, and ATI fee.
- 6. Alternate students will be offered a seat in the next available class, so long as the alternate maintained satisfactory progress, and complies with all Vocational Nursing program and College policies and procedures. Moreover, if an alternate student accepts the offer, all monies collected will not be refunded, but it will be transferred as a balance for the next available class.
- 7. Students enrolled as an Alternate are not eligible for Title IV, HEA program funds unless and until they are admitted as regular students, after the trial period as an alternate. Upon admission as a regular student, Title IV, HEA program fund eligibility will be retroactive back to the beginning of the payment or loan period, as applicable.
- 8. If tuition is fulfilled through other agencies or institutions, the school will comply with their rules and regulations, and students will be informed by the school in writing.

"STUDENT'S RIGHT TO CANCEL"

THE STUDENT HAVE THE RIGHT TO CANCEL THE ENROLLMENT AGREEMENT AND OBTAIN A REFUND OF CHARGES PAID THROUGH ATTENDANCE AT THE FIRST-CLASS SESSION, OR THE SEVENTH DAY AFTER ENROLLMENT, WHICHEVER IS LATER. YOU MUST SUBMIT YOUR CANCELLATION NOTE IN WRITING TO THE SCHOOL.

The student has the right to withdraw from the program of instruction at any time, including the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first-class session, or the seventh day after enrollment, whichever is later except the registration fee and WBST fee. To withdraw or cancel the enrollment agreement, the student must send, via email or letter, or deliver in person a written Notice of Cancellation or Letter of Withdrawal postmarked NO LATER THAN the end of: (a) the day of the first-class session or (b) the seventh day after enrollment, whichever is later. Compliance with this school policy will result in a pro-rated refund within 45 days.

WITHDRAWAL POLICY

Students who wish to voluntarily withdraw from the program for any reason must officially notify the school. Students who wish to withdraw should contact the Program Director or the Institute Director in writing. All students who withdraw are required to meet with the Program Director. Regardless of the circumstances of withdrawal or date of notification to the Institute, the official withdrawal date is the last date on which a student attended classes. Refunds or amount due and final grade determinations are based upon the last official class attendance. Please look below of the enrollment agreement for further information on refund policy.

REFUND POLICY

The student has a right to a full refund of all charges less the amount of \$250 plus STRF fee which includes the registration fee and WBST. If he/she cancels this agreement prior to the first-class session or the seventh day after enrollment, whichever is later.

In addition, the student may withdraw from a course after instruction has started and receive a prorata refund for the unused portion of the tuition, if you have completed 60% or less of the instruction.

For example, if the student only completed 30 hours of a 1736-hour program, and paid \$33,400.00 tuition, the student would receive a refund of \$33,150.00 - \$572.87 = \$32,577.13



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\$33,400	-\$250.00	30 Hrs. of Instruction -\$572.87	= \$32,577.13
Amt Paid	Reg. fee Retained	Completed	Actual refund amount
\$33,150.00 Tuition	by the school	Instruction	For 30 HRS Instruction paid
\$250.00 Reg.			for and not received

• Unused Clock Hours (30) divided by Total clock hours (1736 hrs.) and multiply by Tuition Amount Paid (33,150.00) and equals to amount Refund (\$32,822.82) to Student.

The school will also refund money collected for sending to a third-party course make on the student's behalf such as license or application fees. If the school cancels or discontinues a course or educational program, the school will make a full refund of all charges. Refunds will be paid within 45 days of cancellation or withdrawal.

However, the Student cannot return the equipment or supplies due to infection control matters. Therefore, no refund will be allowed for the equipment and supplies.

Within 10 days of the day on which the refund is made, the school shall notify the student in writing of the date on which the refund was made, the amount of the refund, the method of calculating the refund, and the name and address of the entity to which the refund was sent.

The school will also refund money collected for sending to a third-party course make on the student's behalf such as license or application fees except for Live Scan. If the school cancels or discontinues a course or educational program, the school will make a full refund of all charges. Refunds will be paid within 45 days of cancellation or withdrawal.

Student is responsible to pay full tuition as agreed upon admission if they complete the program. Student will be charged \$25 dollars late fee each time they delayed tuition payment for up to 3 days and there on, \$25 dollars fee for every day will be charged up to 8 days. After 10 days school has the right to drop student for non-payment and students is still responsible for paying full tuition. If the student was referred by another agency and, in the event, agency failed to provide full tuition then student, parent/legal guardian/spouse, or responsible party is responsible for paying full tuition to the institution.

In addition, if the student borrowed loan or accepted a payment plan (extended credit), it is the student's responsibility to repay the full amount plus interest rate, less the amount refund, and that, if the student receives federal student financial aid funds, the student is entitled to a refund of the money's not paid from federal financial aid f 6.

If an alternate student is not offered a seat because no accepted student drops out before the beginning of the clinical experience, alternate students' enrollment will be cancelled, and all monies will be refunded except registration fee, used books & supplies, STRF and ATI fee.



Alternate students will be offered a seat in the next available class, so long as the alternate maintains satisfactory progress, and complies with all Vocational Nursing program and College policies and procedures. Moreover, if an alternate student accepts the offer, all monies will not be refunded, but it will be transferred as a balance for the next available class.

Students enrolled as an Alternate are not eligible for Title IV, HEA program funds unless and until they are admitted as regular students, after the trial period as an alternate. Upon admission as a regular student, Title IV, HEA program fund eligibility will be retroactive back to the beginning of the payment or loan period, as applicable.

If tuition is fulfilled through other agencies or institutions, the school will comply with their rules and regulations, and students will be informed by the school in writing.

LMCC extending credit or lending money to an individual for institutional and non-institutional charges for an educational program shall cause any note, instrument, or other evidence of indebtedness taken in connection with that extension of credit or loan, see notice below.

"NOTICE"

"YOU MAY ASSERT AGAINST THE HOLDER OF THE PROMISSORY NOTE YOU SIGNED IN ORDER TO FINANCE THE COST OF THE EDUCATION 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."

Please read the following regarding the Federal Truth in Lending Act pursuant to Title 15 of the United States Code.

https://www2.ed.gov/policy/highered/reg/hearulemaking/2009/loans-sb-2-i4.pdf

If the student defaults on a federal or state loan, both the following will occur:

- 1. The federal or state government or a loan guarantee agency may act against a student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
- 2. The student may not be eligible for any other federal student financial aid at another institution or other government financial assistance until the loan is repaid.

Please do not sign this Enrollment Agreement, you must read it entirely prior to signing. You will be given an exact copy of the Agreement you sign. Please also note that the provisions of any attached riders signed by you are also part of the Enrollment Agreement. This enrollment agreement legally binding when signed by the students and accepted by the institution.

Students Acknowledgments



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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, salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

Students Initials:
I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, 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.
Students Initials:

Any question a student may have regarding this enrollment that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at:

Address: 1747 N. Market Blvd. Ste 225

Sacramento, CA 95834

P.O Box 980818, West Sacramento, CA 95798-0818

www.bppe.ca.gov

Telephone and fax #'s:

1-888-370-7589 or by fax 1 (916) 263-1897 1 (916) 574-8900 or by fax 1 (916) 263-1897

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 toll-free or by completing a complaint form which can be obtain on the Bureau's internet website www.bppe.ca.gov

STUDENT TUITION RECOVERY FUND (STRF) DISCLOSURE

(a) A qualifying institution shall include the following statement on both its enrollment agreement and school catalog: "The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if 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. You are not eligible for protection from the STRF, and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program."

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NOTE: As of April 1 2024, each qualifying institution shall collect an assessment of zero cents (\$0.00) per one thousand dollars (\$1,000) of institutional charges, rounded to the nearest thousand dollars, from each student in an educational program who is a California resident or is enrolled in a residency program. For institutional charges of one thousand dollars (\$1,000) or less, the assessment is zero dollars (\$0).

NON-PAYMENT OF CHARGES:

Non-payment of tuition, fees, and/or other charges due to Lotus Medical Career College will result in your being obligated for additional collection costs, collection agency costs, and other legal costs. In addition, we reserve the right to report your failure to pay amounts owed to us to one or more national credit bureau organizations and not to release your diploma/certificate until all your debts to us are paid in full.

If the student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur:

- 1. The federal or state government or a loan guarantee agency may act against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan
- 2. The student may not be eligible for any other federal student financial aid at another institution or other government assistance u the loan is repaid NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION:

The transferability of credits you ear	n at Lotus Medical Career College is at the complete	
discretion of the institution to which	you may seek to transfer. Acceptance of the certificate y	ou
earn in (Vocational Nursing program	n) is also at the	
	to which you may seek to transfer. If the (Vocational	
Nursing program)	that you earn at this institution is not	
accepted at the institution to which y	ou seek to transfer, you may be required to repeat some	or
all your coursework at that institution	n. For this reason, you should make certain that your	
attendance at this institution will me	et your educational goals. This may include contacting a	n
institution to which you may seek to	transfer after attending Lotus Medical Career College to	0
determine if you are Vocational Nur	sing program will transfer.	

Student Initial

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 the institution's cancellation and refund policies have been clearly explained to me.

Print Student's Name	Student's Signature	I	Date
(If applicant is under 18 years	of age- (17 ½ to 18)	-	
Parent's [or Guardian's] Print name	e Parent/Guardian Signature		Date
Admissions Representative's Signat	ure	Date	