



Helping Hands Home Healthcare and Staffing Agency, LLC
CNA Training Program

111 W. Washington St. Suite 310 –East Peoria, IL 61611

PH: 309-699-4715 • Fax: 309-699-4717 • www.helpinghandshealthcare.org

CNA TRAINING PROGRAM ENROLLMENT AGREEMENT

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBERS: H) _____ C) _____ W) _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY #: _____ STUDENT ID #: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE #: _____

PROGRAM INFORMATION

DATE OF ADMISSION: ____/____/____

PROGRAM / COURSE NAME: _____

DESCRIPTION OF PROGRAM / COURSE: _____

PREREQUISITE COURSES & OTHER REQUIREMENTS FOR ADMISSION TO PROGRAM / COURSE:

PROGRAM / COURSE OBJECTIVES: _____

PROGRAM START DATE: _____ SCHEDULED END DATE: _____

FULL-TIME PART-TIME DAY EVENING

DAYS/EVENINGS CLASS MEETS: (circle) M T W Th F Sa Su

TIME CLASS BEGINS: _____ TIME CLASS ENDS: _____

NUMBER OF WEEKS: _____ TOTAL CREDIT or CLOCK HOURS: _____



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Helping Hands Home Healthcare and Staffing Agency’s C.N.A Training Program classes will be held at 111 W. Washington St. Suite 310, East Peoria, IL 61611. Cost of the class is \$1400; which includes a non-refundable registration fee of \$100, cost of instruction, textbook/workbook, criminal background check, CPR certification, blood pressure cuff, stethoscope, gait belt, patch, nametag, lab fee and Illinois State Exam fee. Both lab and classroom are on site for student use; instructors are available for one on one meetings with students during normal office hours and when appointments are scheduled.

Non-Refundable Registration Fee	\$100
Tuition and Materials	\$1085
Books	\$85
Lab fee	\$45
State Exam Fee	\$85
Total Cost	\$1400

Course instruction includes 124 hours of theory, skills demonstration, and lab time held on site. Clinical time is 40 hours and will be held at one of the following facilities: Liberty Village of Peoria, Liberty Village of Pekin, Farmington Country Manor, or Hopedale Medical Complex.

It is important to know this is a legally binding document when signed by the student and accepted by the school.

“Students Right to Cancel”

The student has the right to cancel the initial enrollment agreement until midnight of the fifth business day after the student has been accepted; and if the right to cancel is not given to any prospective student at the time the enrollment agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund of all monies paid to date within 10 days of cancellation.

Any cancellation should be in writing and must be delivered to school administration (Karen Sedgwick or Instructor).



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Refund Policy:

Notice must be given to the Administrative Manager of Helping Hands Home Healthcare and Staffing Agency C.N.A. training Program.

1. When notice of cancellation is given before midnight of the fifth business day after the date of enrollment but prior to the first day of class, all tuition, and any other charges shall be refunded to the student, excluding the non-refundable registration fee of \$100, which the school will retain.
2. When notice of cancellation is given after midnight of the fifth business day following acceptance but prior to the close of business on the student's first day of class attendance, the school will retain the non-refundable registration fee of \$100 or 50% of the cost of tuition, whichever is less.
3. When notice of cancellation is given after the student's completion of the first day of class attendance, but prior to the student's completion of 5% of the course instruction, the school may retain the non-refundable registration fee of \$100, and an amount not to exceed 10% of tuition and other instructional charges or \$300, whichever is less, and subject to the limitations of books and returns as stated in the refund policy on the top of page 4 of this Section number 1 and 2, the cost of any books or materials which have been provided by the school.
4. When a student has completed in excess of 5% of the course of instruction the school may retain the non-refundable registration fee of \$100 but shall refund part of the tuition and other instructional charges in accordance with the following:
 - a. Helping Hands Home Healthcare and Staffing Agency may retain an amount computed prorated by days in class plus 10% of tuition and other instructional charges up to completion of 60% of the course of instruction. When the student has completed in excess of 60% of the course of instruction, the school may retain the non-refundable registration fee and the entire tuition.
5. A student, who on personal initiative and without solicitation enrolls, starts, and completes a course of instruction before midnight of the fifth business day after the enrollment agreement is signed, is not subject to the cancellation provisions of this section.
6. Applicants not accepted by Helping Hands Home Healthcare and Staffing Agency's C.N.A. Training Program shall receive a refund of all tuition and fees, excluding the non-refundable registration fee or \$100, to be paid within 30 calendar days after the determination of non-acceptance is made.
7. Non-refundable registration fees shall be chargeable upon application submission and shall not exceed \$100 or 50% of the cost of tuition, whichever is less.
8. Deposits or down payments shall become part of the tuition.



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Helping Hands Home Healthcare and Staffing Agency’s C.N.A. Training Program shall mail a written acknowledgement of a student’s cancellation or written withdrawal to the student within 15 calendar days of the postmark date of notification. Such written acknowledgement is not necessary if a refund has been mailed within 15 calendar days.

All student refunds shall be made by the school within 30 calendar days from the date of receipt of the student’s cancellation.

A student may give notice of cancellation to the school, Helping Hands Home Healthcare and Staffing Agency’s C.N.A. Training Program in writing. The unexplained absence of a student from school for more than 15 school days shall constitute constructive notice of cancellation to the school. For purposes of cancellation the date shall be the last day of attendance.

Helping Hands Home Healthcare and Staffing Agency’s C.N.A. Training Program shall refund all monies paid to it in any of the following circumstances:

- a) Helping Hands Home Healthcare and Staffing Agency’s C.N.A. Training Program did not provide the prospective student with a copy of the student’s valid enrollment agreement and a current catalog.
- b) Helping Hands Home Healthcare and Staffing Agency’s C.N.A. Training Program cancels or discontinues the course of instruction in which the student was enrolled.
- c) Helping Hands Home Healthcare and Staffing Agency’s C.N.A. Training Program fails to conduct classes on days or times scheduled, detrimentally affecting the student.

Helping Hands Home Healthcare and Staffing Agency’s C.N.A. Training Program must refund any book and materials fees when:

- 1) The book and materials are returned to the school unmarked.
- 2) The student has provided the school with a notice of cancellation.

Every assignee of a student enrollment agreement takes it subject to all claims and defenses of the student or his/her successors in interest arising under this agreement.



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Consumer Information

Reporting Period July 1, 2021 to June 30, 2022

1. The number of students who were admitted in the course of instruction for this reporting period = 68
2. Additions during the year due to:
 - a. New starts = 67
 - b. Re-enrollments = 1
 - c. Transfers into the course of instruction from other courses of instruction at the school = 0
3. Total number of students admitted during the reporting period = 68
4. Of the total course of instruction enrollment, the number of students who:
 - a. Transferred out of the course instruction to another course of instruction = 0
 - b. Completed or graduated from the course of instruction = 29
 - c. Withdrew from the school = 5
 - d. Are still enrolled = 34
5. The number of students listed in item (4) who:
 - a. Were placed in their field of study = 29
 - b. Were placed in a related field = 0
 - c. Placed out of the field = 0
 - d. Were not available for placement due to personal reasons = 0
 - e. Were not employed = 0
6. The number of students who took a State licensing examination or professional certification examination during the reporting period = 44
 - a. passed = 36
 - b. failed = 0
 - c. with 0 additional scheduling at a future date
7. The number of graduates who obtained employment in the field who did not use the school's placement assistance during the reporting period = 36
8. The average starting salary for all school graduates employed during the reporting period = \$18. The current starting salary for a C.N.A. in Illinois is \$37,440.



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COMPLAINTS AGAINST THE SCHOOL MAY BE REGISTERED WITH THE ILLINOIS BOARD OF HIGHER EDUCATION. COMPLAINTS SHOULD BE FORWARDED TO THE FOLLOWING:

ILLINOIS BOARD OF HIGHER EDUCATION

DIVISION OF PRIVATE BUSINESS AND VOCATIONAL SCHOOLS

1 N. Old State Capitol Plaza
Suite 333
Springfield, IL 62701-1377

Phone: (217) 782-2551

Fax: (217) 782-8548

No more than 8 students per one instructor shall be enrolled in the course per term. New starts to the term will be accepted within the first week of class in order to accommodate students and to keep each student current in the subject matter being taught. There are 18 modules in the course and instruction will be given for 7 weeks.

Those who have previously enrolled and were not accepted are welcome to enroll again in the future; applications of those not accepted will be kept on file up to 6 months for future enrollment. As long as an application is on file, we will not charge another application-registration fee.

This agreement will be binding only when the agreement is accepted, signed and dated by the authorized official of the school or the admissions officer of Helping Hands Home Healthcare and Staffing Agency's C.N.A. Training Program.

Any changes in this agreement shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian if the student is a minor.

Helping Hands Home Healthcare and Staffing Agency's C.N.A. Training Program provides in class instruction as well as on site clinical training. Theory instruction will be completed within 5 weeks from the initial start date of class and clinical will be completed in 2 weeks from theory end date.

Terms and conditions of this agreement are not subject to amendment or modification by oral agreement.



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“Notice to Student”

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 school or the admissions officer at the school’s principal place of business. Read all pages of this agreement before signing.
3. You are entitled to receive an exact copy of the agreement and any disclosures pages you signed.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school 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.
6. The school does not guarantee the transferability of credits to another school, 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.

I attest to receiving the school’s current catalog/bulletin, any supplements and errata sheets, and the data required in Section 15,1 (11) of the Act.

Student _____ Date _____

School Official _____ Date _____

Sales Rep _____ Date _____

Sales Representative is Compliant with the Illinois Board of Higher Education’s PBVS act.

Helping Hands Home Healthcare and Staffing Agency, LLC’s CNA Training Program is approved by the “Division of Private Business and Vocational Schools of the Illinois Board of Higher Education”.

Helping Hands Home Healthcare and Staffing Agency, LLC’s CNA Training Program is not an accredited institution by the U.S. Department of Education.

STUDENT ACKNOWLEDGMENTS



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1. I hereby acknowledge receipt of the school’s catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

Student Initials _____

2. I have carefully read and received an exact copy of this enrollment agreement.

Student Initials _____

3. I understand that the school 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, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

Student Initials _____

4. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

Student Initials _____

5. I understand that the school 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, [school name] 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 school 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 school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333, Springfield, IL 62701 or at www.ibhe.org.

Student Initials _____

The student acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. 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 School Official. The student and the school will retain a copy of this agreement.

Student’s Signature

Date

Program Director’s Signature

Date