

# THE HATLEN CENTER FOR THE BLIND

## ENROLLMENT AGREEMENT

2430 Road 20, B112, San Pablo, CA 94806, 510-234-4984, [www.wayfinderfamily.org](http://www.wayfinderfamily.org)

Applicant Name:  
Home Telephone:  
Address:

Date of Birth:  
Cell:  
Email:

### A. EDUCATIONAL SERVICE

Program: Hatlen General Program

Approximate Total Credit Hours / Clock Hours 497 / year

Program Start Date                     

Scheduled Completion Date                     

Approximate No. of Weeks 52

Period Covered by the Enrollment Agreement: Start Date of period:                      End Date of Period:                       
Hours are from 9:00 am to 4:00 pm on the following days of the week: Monday through Friday; Alternate hours and Sat and/or Sun by appointment; evening computer lab hours vary, usually 3 hours/night 5:30-8:30 pm and by appointment.

### B. ITEMIZATION & TOTAL TUITION FEES

STUDENT TUITION RECOVERY FUND FEE: 3<sup>rd</sup> Party Payer \$ 0

Non-Refundable: \$0 for every \$1,000 rounded to the nearest \$1,000

TUITION \$ 57,540

Prorated upon withdrawal. Refer to refund policy provision within this Agreement.

**ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM** \$ 57,540 \*

**TOTAL CHARGES FOR CURRENT PERIOD OF ATTENDANCE** \$ 57,540

**THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT** \$ -0-

(3<sup>rd</sup> Party Payer)

### NON-INSTITUTIONAL CHARGES:

Housing (approximate) \$612.50/mo.

\$ 7,350

Payable to **Casa Ensenada Apartments**

Living expenses (approximate)

\$ 5,670

**\*YOU ARE RESPONSIBLE FOR THIS AMOUNT. IF YOU ARE A CLIENT OF THE DEPARTMENT OF REHABILITATION OR HAVE A THRID PARTY PAYER, THIS AMOUNT WILL BE PAID IN YOUR BEHALF. IF YOU OBTAIN A STUDENT LOAN, YOU ARE RESPONSIBLE FOR REPAYING THE LOAN AMOUNT PLUS ANY INTEREST, LESS THE AMOUNT OF ANY REFUND.**

THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE NOT SUBJECT TO AMENDMENT OR MODIFICATION BY ORAL AGREEMENT. I, THE UNDERSIGNED PURCHASER OF THE PROGRAM OF TRAINING, HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS CONTAINED HEREIN AND WITH MY SIGNATURE I CERTIFY HAVING RECEIVED AN EXACT COPY OF THIS AGREEMENT, A COPY OF THE SCHOOL CATALOG AND SCHOOL PERFORMANCE FACT SHEET. I FURTHER ACKNOWLEDGE THAT NO VERBAL STATEMENTS HAVE BEEN MADE CONTRARY TO WHAT IS CONTAINED IN THIS AGREEMENT. THIS ENROLLMENT AGREEMENT IS A LEGALLY BINDING INSTRUMENT WHEN SIGNED BY THE STUDENT AND ACCEPTED BY THE SCHOOL.

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

Signature of Student

*Julie C. Parrish*

Date

Julie Parrish, Associate Director

Date

**BE SURE TO READ ALL PAGES OF THIS AGREEMENT. IT IS PART OF YOUR CONTRACT WITH THE SCHOOL.**

Revision Date: December 2017

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**c. PAYMENT: STUDENT AGREES TO PAY ABOVE SPECIFIED FEES AS FOLLOWS:**

Dept. of Rehab      \$ 57,540\*  
 Sponsor                  \$ \_\_\_\_\_ Sponsor Name: \_\_\_\_\_  
 Check                      \$ \_\_\_\_\_ Check Number: \_\_\_\_\_  
**BALANCE DUE**              \$ -0-

**\*The Department of Rehab will be billed monthly in arrears.**

Timing of Payments: Your first monthly payment will be due on N/A.  
 Thereafter, each monthly payment will be due on the same day of the month as your first monthly payment.

Consumer Loan Agreements: The Hatlen Center for the Blind does not loan students funds to attend school. Students may voluntarily choose a Third Party Private Lending Institution to receive a loan to pay for the cost of their educational program(s). The third party lender is responsible to provide all disclosures to students according to the Truth in Lending Act of Title 15 of the United States Code.

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**d. REFUND POLICY**
**STUDENT'S RIGHT TO CANCEL**

1. You have the right to cancel your agreement for a program of instruction, without any penalty or obligations, through attendance at the first class session or the seventh calendar day after enrollment, whichever is later. After the end of the cancellation period, you also have the right to stop school at any time; and you have the right to receive a pro rata refund if you have completed 60 percent or less of the scheduled days in the current payment period in your program through the last day of attendance.

Cancellation of this agreement can occur up to: \_\_\_\_\_  
Date

- 2. Cancellation may occur when the student provides a written notice of cancellation at the following address: THE HATLEN CENTER FOR THE BLIND. This can be done by mail or by hand delivery.
- 3. The written notice of cancellation, if sent by mail, is effective when deposited in the mail properly addressed with proper postage.
- 4. The written notice of cancellation need not take any particular form and, however expressed, it is effective if it shows that the student no longer wishes to be bound by the Enrollment Agreement.
- 5. If the Enrollment Agreement is cancelled the school will refund the student any money he/she paid within 45 days after the notice of cancellation is received.

## **WITHDRAWAL FROM THE PROGRAM**

You may withdraw from the school at any time after the cancellation period (described above) and receive a pro rata refund if you have completed 60 percent or less of the scheduled days in the current payment period in your program through the last day of attendance. The refund will be less a registration or administration fee not to exceed \$250.00, within 45 days of withdrawal. If the student has completed more than 60% of the period of attendance for which the student was charged, the tuition is considered earned and the student will receive no refund.

For the purpose of determining a refund under this section, a student shall be deemed to have withdrawn from a program of instruction when any of the following occurs:

- The student notifies the institution in writing of the student's withdrawal or as of the date of the student's withdrawal, whichever is later.
- The institution terminates the student's enrollment for failure to maintain satisfactory progress; failure to abide by the rules and regulations of the institution; absences in excess of maximum set forth by the institution; and/or failure to meet financial obligations to the School.

For the purpose of determining the amount of the refund, the date of the student's withdrawal shall be deemed the last date of recorded attendance. The amount owed equals the daily charge for the program (total institutional charge, minus non-refundable fees, divided by the number of days in the program), multiplied by the number of days scheduled to attend, prior to withdrawal. If the student has completed more than 60% of the period of attendance for which the student was charged, the tuition is considered earned and the student will receive no refund.

If any portion of the tuition was paid from the proceeds of a loan or third party, the refund shall be sent to the lender, third party or, if appropriate, to the state or federal agency that guaranteed or reinsured the loan. Any amount of the refund in excess of the unpaid balance of the loan shall be first used to repay any student financial aid programs from which the student received benefits, in proportion to the amount of the benefits received, and any remaining amount shall be paid to the student.

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## **E UNDERSTANDINGS**

**INITIAL**

1. **Catalog**: Information about THE HATLEN CENTER is published in a school catalog that contains a description of certain policies, procedures, and other information about the school. THE HATLEN CENTER reserves the right to change any provision of the catalog at any time. Notice of changes will be communicated in a revised catalog, an addendum or supplement to the catalog, or other written format. Students are expected to read and be familiar with the information contained in the school catalog, in any revisions,



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supplements and addenda to the catalog, and with all school policies. By enrolling in THE HATLEN CENTER, the Student agrees to abide by the terms stated in the catalog and all school policies.

2. All instruction takes place at 2430 Road 20, B112, San Pablo, CA 94806.

3. I understand that I will be awarded a Certificate when I have completed all of the program requirements. A graduate must have passed each course and have satisfied all financial obligations.



4. **NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION:** The transferability of credits you earn at THE HATLEN CENTER is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the degree or certificate you earn in The Hatlen General Program is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution is not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending THE HATLEN CENTER to determine if your certificate will transfer.



5. **Placement Assistance:** Placement assistance is not provided.



6. **Limited English Speakers:** If English is not the student's primary language, and the student is unable to understand the terms and conditions of the enrollment agreement, the student shall have the right to obtain a clear explanation of the terms and conditions and all cancellation and refund policies in his or her primary language.



7. **Questions:** Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, [www.bppe.ca.gov](http://www.bppe.ca.gov), toll-free telephone number (888) 370-7589 or by fax (916) 263-1897.



8. **Complaints:** A student or any member of the public may file a complaint about this institution with Bureau for Private Postsecondary Education by calling 888.370.7589 toll-free or by completing a complaint form, which can be obtained on the bureau's Internet Web site, [www.bppe.ca.gov](http://www.bppe.ca.gov).



9. **Financing:** The Student understands that if a separate party is financing his/her education, that the Student, and the Student alone, is directly responsible for all payments and monies owed to the school listed on this agreement.



10. **Loan:** If the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.



11. **Loan:** If a 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:

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

12. **Student Tuition Recovery Fund Payment:** You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

1. 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 either by cash, guaranteed student loans, or personal loans, and
2. Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if either of the following applies:

1. You are not a California resident, or are not enrolled in a residency program, or
2. Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party.

The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California residents, or are enrolled in a residency programs attending certain schools regulated by the Bureau for Private Postsecondary and Vocational Education.

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The school closed before the course of instruction was completed.
2. The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.

3. The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other cost.
4. There was a material failure to comply with the Act or this Division within 30 days before the school closed or, if the material failure began earlier than 30 days prior to closure, the period determined by the Bureau.
5. An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act.

## NOTICE

YOU MAY ASSERT AGAINST THE HOLDER OF THE PROMISSORY NOTE YOU SIGNED IN ORDER TO FINANCE THE COST OF INSTRUCTION ALL OF THE CLAIMS AND DEFENSES THAT YOU COULD ASSERT AGAINST THIS SCHOOL, UP TO THE AMOUNT YOU HAVE ALREADY PAID UNDER THE PROMISSORY NOTE.

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## Initial

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, and salaries or wages, prior to signing this agreement.



I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.



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*2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833*

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

*Toll-free telephone #: (888) 370-7589*

*Web site Address: [www.bppe.ca.gov](http://www.bppe.ca.gov)*



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