

Amslee Institute
Phone: (941) 773-9020
Mail: 5391 Lakewood Ranch Blvd, Suite 203, Sarasota, Florida 34240

Student Enrollment Agreement

This agreement, together with the Amslee® Institute Catalog and Policies, constitutes a binding contract between the student and Amslee Institute upon acceptance by Amslee Institute. Read this enrollment agreement thoroughly. Complete this form online within your student account and submit the document into your student portal.

Part I – Student Information

Legal Name: _____
 First Middle Last (Family) Suffix

Preferred Name: _____

Birthdate: _____ Age: _____
 (mm/dd/yyyy)

Permanent Address: _____
 Street Address City, State, and Zip Code

Mailing Address (unless same): _____
 Street Address City, State, and Zip Code

Email: _____ Phone: _____

Citizenship: US Citizen US Permanent Resident Other

Ethnicity: Hispanic or Latino American Indian or Alaska Native Asian
 White Black or African American Two or more
 Native Hawaiian or Pacific Islander Unknown

Family Information (only required for those under age 18)

Parent/Guardian Name: _____
 First Middle Last (Family) Suffix

Mailing Address (unless same): _____
 Street Address City, State, and Zip Code

Parent Email: _____ Parent Phone: _____

Part II – Select Program

- | | | |
|--------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> | Amslee® Basic Childcare | 10 clock hours for Basic Childcare |
| <input type="checkbox"/> | Amslee® Intermediate Childcare | 20 clock hours for Intermediate |
| <input type="checkbox"/> | Amslee® Advanced Childcare | 30 clock hours for Advanced |
| <input type="checkbox"/> | Amslee® Specialist Childcare | 40 clock hours for Specialist |
| <input type="checkbox"/> | Amslee® Professional Childcare | 50 clock hours for Professional |

All program requirements are due 90 days from enrollment. Classes start on day of enrollment and can be taken at student's own pace within the 90 days with a minimum of 10% of the program due each week.

Part III – Fees and Tuition

- | | | |
|--------------------------|--|--------------------------------------|
| <input type="checkbox"/> | Amslee® Basic only | \$150 enrollment fee, \$200 tuition |
| <input type="checkbox"/> | Amslee® Basic and Intermediate | \$150 enrollment fee, \$400 tuition |
| <input type="checkbox"/> | Amslee® Basic, Intermediate, and Advanced | \$150 enrollment fee, \$600 tuition |
| <input type="checkbox"/> | Amslee® Basic, Intermediate, Advance, and Specialist | \$150 enrollment fee, \$800 tuition |
| <input type="checkbox"/> | Amslee® Basic through Professional | \$150 enrollment fee, \$1000 tuition |

If you have graduated from an Amslee program and are seeking a higher-level certification:

- | | | |
|--------------------------|---------------------------|-------------------------------------|
| <input type="checkbox"/> | Amslee® Intermediate only | \$150 enrollment fee, \$200 tuition |
| <input type="checkbox"/> | Amslee® Advanced only | \$150 enrollment fee, \$200 tuition |
| <input type="checkbox"/> | Amslee® Specialist only | \$150 enrollment fee, \$200 tuition |
| <input type="checkbox"/> | Amslee® Professional only | \$150 enrollment fee, \$200 tuition |

Re-enrollment may be approved when Student Enrollment Date is less than 12 months and student is in good standing with Amslee® Institute.

- | | | |
|--------------------------|--|------------------------|
| <input type="checkbox"/> | Check this box if seeking to Re-Enroll | \$99 re-enrollment fee |
|--------------------------|--|------------------------|

Part IV – Methods of Payment

- Full payment at time of signing enrollment agreement by credit card or PayPal

Part V - Cancellation and Refund Policy

Should a student's enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule:

- Cancellation requires the submission of Amslee Form 108 by electronic mail to admissions@AmsleeInstitute.com or by termination.
 - If Amslee Institute does not accept the student or the student cancels within (3) business days after making payment and signing the enrollment agreement, 100% of fees and tuition (less the \$150 nonrefundable enrollment fee) will be refunded.
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- Cancellation after attendance has begun through 40% of the program will result in a Pro Rata refund computed on the number of hours completed to the total program hours.
- Cancelling after completing more than 40% of the program will result in no refund.
- Termination Date: In calculating the refund due to a student, the last date of login with academic activity is used in the calculation.
- Refunds will be made within 30 days of termination of student's enrollment or receipt of Cancellation Notice (Form 108) from the student.

Part VI – Important Information

Grounds for Termination

I agree to comply with the rules and policies and understand that Amslee Institute shall have the right to terminate this contract and my enrollment at any time for violation of rules and policies as outlined in the Course Catalog and Policies. I understand that Amslee Institute reserves the right to modify the rules and regulation, and that I will be advised of any and all modifications.

Graduation Requirements

I understand that in order to graduate from the program and to receive the diploma/certification, I must successfully complete the required number of scheduled clock hours as specified in the catalog and on the Student Enrollment Agreement, pass all written and verbal assignments, provide program documentation (CPR, First Aid, work experience), pass proficiency exams with at least an 80%, and satisfy all financial obligations to Amslee Institute.

Placement Services

I understand that Amslee Institute has not made and will not make any guarantees of employment or salary upon my graduation. Amslee Institute will provide me with placement assistance, which will consist of identifying employment opportunities and advising me on appropriate means of attempting to realize these opportunities.

Waiver of Liability

I hereby release, discharge, and agree to hold harmless Amslee Institute, its trustees, agents, employees, representatives and volunteers, from any and all liability arising out of or in connection with my participation in the Academic Program and/or job placement services. For purposes of this Release, liability means all claims, demands, losses, causes of action, suits or judgments or any kind that I or my heirs, executors, administrators, and assigns may have against Amslee Institute, its trustees agents, employees, representatives and volunteers, because of a failure to pass any course or class or obtain any particular grades, personal injury, accident, illness, or death or because of any loss or damage to property that occurs to a person including me or to my property during the Academic Program and that results from any cause including but not limited to the passive or active negligence or other acts of Amslee Institute, its trustees, agents, employees, representatives and volunteers, other than fraud, willful misconduct, or a knowing violation of the law.

Indemnification

Notwithstanding any insurance coverage which may be in effect and in addition to any additional undertakings referred to herein, I will, to the extent allowed by law, defend and indemnify and hold harmless Amslee Institute, its trustees, agents, employees, representatives and volunteers (hereinafter collectively referred to as the "Releasee") from any and all liability, claims, losses, expenses, judgments or demands including the obligations of Releasee on account of any similar agreement Releasee has with

me, including demands arising from injuries or death of persons and damage to property, arising directly or indirectly out of my participation in the Academic Program, save and except for claims or litigation arising from the willful misconduct of Releasee and I will make good and reimburse Releasee for any expenditures, including reasonable attorneys' fees that Releasee may have by reason of such matters, and if requested by Releasee, I shall defend such suit at my sole cost and expense.

Acknowledgement

This contract contains the entire agreement between Amslee Institute and myself, and no further modification or representation except as here in expressed in writing will be recognized.

NOTICE TO PROSPECTIVE STUDENTS: DO NOT SIGN THIS CONTRACT BEFORE YOU HAVE READ IT OR IF IT CONTAINS ANY BLANK SPACES. ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG.

Please read the following statement carefully, then acknowledge that you have read and approved it by providing the information requested at the bottom of the page. Please note that an e-signature is the electronic equivalent of a hand-written signature.

By e-signing below, I confirm that the information provided on this application is accurate and true to the best of my knowledge. By my eSignature below, I certify that I have read, fully understand and accept all terms of this agreement. Please signify your acceptance by entering the information requested in the fields below.

Student Signature: e-Signatures are often written as /First Initial/Last Name/

Printed (First and Last Name)

(mm/dd/yyyy)

Parent or Guardian signature is required for all students under the age of 18 and student must be at least 16 years of age:

Parent/Guardian Signature: e-Signatures are often written as /First Initial/Last Name/

Printed (First and Last Name)

(mm/dd/yyyy)

Elizabeth Malson

08/01//2019

School Official Signature (First and Last Name)

(mm/dd/yyyy)

Elizabeth Malson, President of Amslee Institute

Printed (First and Last Name)

First	Middle	Last Name	Suffix	Birthday (mm/dd/yyyy)
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This statement of understand is an agreement, together with the Enrollment Agreement and Catalog and Policies, that constitutes a binding contract between myself and Amslee® Institute upon acceptance by Amslee Institute.

As student of an Amslee Institute program, I agree to the following:

1. I understand all program requirements and policies are available online in the course catalog and policies. I acknowledge that I have received a copy and I have reviewed it in its entirety before enrolling in a program. I understand it is my responsibility to familiarize myself with these policies.
2. I understand Amslee programs require 10 to 50 hours of online training and completion of the courses does not qualify me for a diploma as I also must meet all program requirements for the program.
3. I understand I have 90 days to complete all courses or program requirements from the Enrollment date. I understand I can take the program at my pace but to be eligible for a partial refund, I must complete at least 10% of the program each week during the first 4 weeks.
4. I understand upon verification of successful completion of a program, I will receive a Diploma with my Name, Date, Program Name, and Signed by the President of Amslee Institute officially recognizing my successful completion of the program.
5. I understand that with successful completion of a program, I am authorized to communicate on resumes and professional sites such as LinkedIn and job posting board, the following: Amslee® Basic Childcare Diploma, Amslee® Intermediate Childcare Diploma, Amslee® Advanced Childcare Diploma, Amslee® Specialist Childcare Diploma, and/or Amslee® Professional Childcare Diploma.
6. I understand I am expected to engage professionally and positively in the learning management community and on social media while a student and while seeking or employed as a Babysitter, Nanny, or childcare provider.
7. I understand I am not permitted to share my account or log in information with anyone for any reason and all materials used in the courses and certificate programs, including video lessons, quizzes, and tests, are copyrighted and cannot be shared.
8. I understand that if the objective of enrolling in this program is to gain employment, it is incumbent upon me to seek my own employment through my own endeavors. Amslee® Institute provides placement tools for students but does not guarantee employment.
9. I understand Amslee Institute is not responsible for employment decisions between myself and another entity.
10. I understand that any controversy or claim arising out of or relating to the agreement or the breach thereof, shall be settled by arbitration. The number of arbitrators shall be one. The place of arbitration shall be Manatee County, Florida and Florida law shall apply.

Please read the following statement carefully, then acknowledge that you have read and approved it by providing the information requested at the bottom of the page. Please note that an e-signature is the electronic equivalent of a hand-written signature.

By e-signing below, I confirm that the information provided on this application is accurate and true to the best of my knowledge. By my eSignature below, I certify that I have read, fully understand and accept all
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Printed (First and Last Name)

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For Admissions Use Only

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