



Smart Horizons Institute, 25 E. 91/2 Mile Rd., Pensacola Fl. 32534, 1-800-261-6248

Student Enrollment Agreement

THIS AGREEMENT, TOGETHER WITH THE SMART HORIZONS INSTITUTE CATALOG, CONSTITUTES A BINDING CONTRACT BETWEEN THE STUDENT AND SMART HORIZONS INSTITUTE UPON ACCEPTANCE BY SMART HORIZONS INSTITUTE.

READ APPLICATION THOROUGHLY BEFORE ANSWERING QUESTIONS

Student Information

Name: _____

Address: _____

STREET ADDRESS

CITY/STATE

ZIP/POSTAL CODE

Name of Parent/Guardian (if student is under 18): _____

Telephone: (Home) _____ (Business or Cellular): _____

Social

Security Number: _____ - _____ - _____ Date of Birth: _____ Circle One: Male Female

Please check the type of credential you wish to earn:

[] Early Childhood Educator Professional Credential (ECPC/FCCPC)

[] Early Childhood Educator Professional Certificate

ATTESTATION OF GRADUATION HIGH SCHOOL OR EQUIVELENCY

I _____, hereby certify that:
(Print Name)

I earned an accredited High School diploma or GED from the following institution:

_____ Located in _____
_____, on _____
(City) (State) (Date of Graduation)

By my signature below, I attest that the information provided above is true and correct to the best of my knowledge.

(Signature) (Date)

Program Information (Smart Horizons Institute Only)

Please check the applicant's program of choice:

Program Title: **Early Childhood Educator Professional Certificate**

Length: 1 Year Clock Hours: _____

Class Schedule: () Full Time () Part Time () Day Classes () Evening Classes

Hours per Week: _____ Start Date: ___/___/___ Anticipated Ending Date: ___/___/___

Online Training Tuition \$ 124
Registration Fee \$74
Books & Materials \$ not included
Total Program Price \$ 199

Program Title: **ECPC/FCCPC**

Length: 1 Year Clock Hours: _____

Class Schedule: () Full Time () Part Time () Day Classes () Evening Classes

Hours per Week: _____ Start Date: ___/___/___ Anticipated Ending Date: ___/___/___

Online Training Tuition \$ 199
Registration Fee \$75
Books & Materials \$ not included
FCCPC Process \$ 425
Total Program Price \$ 699

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:

1. Cancellation can be made in person, by electronic mail, by Certified Mail or by termination.
2. All monies will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the enrollment agreement and making initial payment.
3. Cancellation after the third (3rd) Business Day, but before the first class, results in a refund of all monies paid, with the exception of the registration fee (not to exceed \$150.00).
4. Cancellation after attendance has begun, but prior to 40% completion of the program, will result in a Pro Rata refund computed on the number of hours completed to the total program hours.
5. Cancellation after completing 40% of the program will result in no refund.
6. Termination Date: In calculating the refund due to a student, the last date of actual attendance by the student is used in the calculation unless earlier written notice is received.
7. Refunds will be made within 30 days of termination of students' enrollment or receipt of Cancellation Notice from student.
8. Account Alterations – Any account alterations, such as name changes or program transfers, must be made within thirty (30) days of purchase and prior to enrolling in a course. If a request is made after this allotted time period and prior to enrolling in a course, the student WILL be responsible for an administrative fee of \$12. NO NAME CHANGES WILL BE MADE AFTER ENROLLMENT.
9. If the Credential Process is not complete within a period of one year after purchasing the online education, the student enrollment is terminated and student file becomes inactive. All monies paid are forfeit. If the student wishes to continue, they may do so by requesting a six-month extension at the cost of \$99.

GROUND FOR TERMINATION

I agree to comply with the rules and policies and understand that the Smart Horizons 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 catalog. I understand that the Smart Horizons 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 a certificate or 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 practical examination with a 70% average and satisfy all financial obligations to the School.

EMPLOYMENT ASSISTANCE

I understand that the School has not made and will not make any guarantees of employment or salary upon my graduation. The School 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.

ACKNOWLEDGEMENT

This contract contain the entire agreement between the Smart Horizons Institute and myself, and no further modification or representation except as herein 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.

Signature of Applicant

Date

Signature of Smart Horizons Institute

Official Date