

ENROLLMENT AGREEMENT

MONTESSORI TEACHER ACADEMY provides an Early Childhood Montessori Teacher Education Certification Program to educate adults in the Montessori Method of Education.

The Montessori Teacher Academy does not offer instruction in a language other than English.

If you are unable to understand the terms and conditions of this Enrollment Agreement, you have the right to obtain a clear explanation of the terms and conditions and all cancellation and refund policies in your primary language.

Instruction will be provided at: MONTESSORI TEACHER ACADEMY 32920 Pacific Coast Highway, Dana Point, CA 92629

MONTESSORI TEACHER ACADEMY does not offer a fully online program; it provides a blended program that combines in-person and online distance learning. Through the Learning Management System (Canvas), students receive an invitation to access each course at least seven days prior to the course start date.

Period Covered by this Enrollment Agreement: _____

A. MONTESSORI TEACHER ACADEMY 32920 Pacific Coast Highway, Dana Point, CA 92629

Student's Name	Social Security Number		
Street Address	City	State	Zip Code

B. Any questions a student may have regarding this enrollment agreement that have been not satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 1747 North Market, Suite 225, Sacramento, CA 95834, www.bppe.ca.gov, toll-free telephone number (888) 370-7589 or by fax (916) 263-1897.

C. **THIS AGREEMENT IS A LEGALLY BINDING INSTRUMENT WHEN SIGNED BY THE STUDENT AND ACCEPTED BY THIS INSTITUTION.**

D. **PRIOR TO SIGNING** – 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, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement. _____ **Initial**

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, 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. _____ **Initial**

E. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given: (a) a written statement of the refund policy including examples of how it applies and; (b) a catalog including a description of the course or educational service including all material facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain.

F. **PROGRAM HOURS** - Montessori Teacher Academy provides a Teacher Education Program. A total of **300 clock hours, 234 independent study hours**, plus **540 Practicum hours** are required to complete the course for a total of **1074 credit hours**.

G. **PROGRAM DATES** – _____ Start Date: _____ Scheduled Completion Date: _____
Date: _____ by which the student must exercise his or her right to cancel or withdraw, and the refund policy.

H. **STUDENT'S RIGHT TO CANCEL** - You have the right to cancel this enrollment agreement and receive a refund of charges paid through attendance on the first-class session, whether in person or online, or the seventh day after enrollment whichever is last. Cancellation shall occur when you give a written notice of cancellation to Paloma Johnston, Director, 32920 Pacific Coast Highway, Dana Point, CA 92629. You can do this by mail, hand delivery, or electronic mail. The written notice of cancellation, if sent by mail, is effective when deposited in the mail property addressed with postage prepaid. If you cancel this Agreement, the School will refund any money that you paid, according to the published refund policy, within 45 days after your notice of cancellation is received.

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STUDENT'S RIGHT TO WITHDRAW FROM THE EARLY CHILDHOOD MONTESSORI CERTIFICATION PROGRAM - You have the right to withdraw from the Early Childhood Montessori Certification Program and receive a refund of charges paid. Withdrawal shall occur when you give a written notice of withdrawal to Paloma Johnston, Director, 32920 Pacific Coast Highway, Dana Point, CA 92629. You can do this by mail, hand delivery, or electronic mail. The written notice of withdrawal, if sent by mail, is effective when deposited in the mail property addressed with postage prepaid. If you withdraw from the Early Childhood Montessori Certification Program, the School will refund any money that you paid, according to the published refund policy, within 45 days after your notice of cancellation is received.

- J. **REFUND INFORMATION.** You have the right to cancel and obtain a refund of any charges paid for attendance at the first class session or on the seventh day after enrollment, whichever is later. In addition, you may withdraw from a course after instruction has started and receive a pro rata refund for the unused portion of the tuition and other refundable charges if you have completed 60% or less of the instruction. For example, if you complete only 30 hours on a 90-hour course and pay \$300.00 tuition, the student will receive a refund of \$200.00.

\$300.00 amount paid for instruction x $\frac{60 \text{ clock hours of instruction paid but not received}}{90 \text{ clock hours of instruction for which the student has paid}}$ = **\$200.00** refund amount

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

- K. **FINANCIAL AID.** If you obtain a loan to pay for the program, you have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund. If you have received federal student financial aid funds and you cancel this agreement, you are entitled to a refund of money not paid from federal student financial aid program funds.
- L. **GOVERNMENT LOAN.** If you are eligible for a loan guaranteed by the federal or state government and you default on the loan the following may occur: (1) The federal or state government or a loan guarantee agency may take action against you, including applying any income tax refund to which you are entitled to reduce the balance owed on the loan. (2) You may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

- M. **TOTAL CHARGES.** You are responsible for the following charges:

Registration Fee	\$ 250.00	The Registration Fee is Non-Refundable
Tuition	\$ 7,700.00	Prorated upon course withdrawal
Equipment	\$ 300.00	Notebooks.
Student Tuition Recovery Fee	\$ 0.00	(\$ 0.00 x \$1,000) Non-Refundable
Association & Credentialing	\$ 500.00	AMS, & MACTE student fees - Once paid these fees are non-refundable.
TOTAL CHARGES	\$ 8,750.00	All amounts paid for instruction

The Montessori Teacher Academy expects adult learners to complete all course requirements within three years following the program's official end of the enrolled academic phase. The period can be extended with the approval of the program and will require an additional **\$500** extension fee.

- N. **SCHEDULE OF PAYMENTS:** You will pay the Total Amount Due: **\$8,750** by _____ **OR** you will pay **\$250** registration fee; **AND** you will pay the **\$500** STRF, Association and Credential fee by _____; **AND** you will make **1** payment of _____ on _____; **AND** make **1** payment of _____ on _____; **AND** you will make **1** payment of _____ on _____.

- O. **TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE:** \$ _____
ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM: **\$ 8,750.00**
TOTAL CHARGES THE STUDENTS IS OBLIGATED TO PAY UPON ENROLLMENT: **\$ 250.00**

- P. **YOU ARE RESPONSIBLE FOR THIS AMOUNT. IF YOU GET A STUDENT LOAN, YOU ARE RESPONSIBLE FOR REPAYING THE FULL AMOUNT OF THE LOAN PLUS INTEREST, LESS THE AMOUNT OF ANY REFUND.**

- Q. **STUDENT TUITION RECOVERY FUND (STRF)** "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

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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.”

“It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school.

Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 North Market Blvd., Suite 225, Sacramento, CA 95834, (916) 574-8900 or (888) 370-7589.

To be eligible for STRF, you must be a California resident or are enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of noncollection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law. However, no claim can be paid to any student without a social security number or a taxpayer identification number.”

- R. **NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION.** The transferability of credits you earn at the Early Childhood Montessori Teacher Certification program is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the Certificate you earn in the Early Childhood Montessori Education Certification Program is also at the complete discretion of the institution to which you may seek to transfer. If the credits that you earn at this institution are 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 Montessori Teacher Academy to determine if your credits will transfer.

- S. Any questions a student may have regarding the enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 1747 N. Market Blvd. Ste 225 Sacramento, CA 95834. Telephone 916-574-8900, Fax 916-263-1897. Website address www.bppe.ca.gov

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 obtained on the bureau’s internet web site www.bppe.ca.gov.

- T. 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.

U. _____

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Signature of Student

Date

V. _____
Signature, Title of School Official Date

W. This agreement is accepted by _____
Signature of School Official Date

<u>TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE:</u>	<u>\$</u>
<u>ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM:</u>	<u>\$ 8,750.00</u>
<u>TOTAL CHARGES THE STUDENTS IS OBLIGATED TO PAY UPON ENROLLMENT:</u>	<u>\$ 250.00</u>