

**AMERICAN RED CROSS  
MADISON/MARSHALL COUNTY CHAPTER**

**NURSE ASSISTANT TRAINING  
11-WEEK COURSE  
REFUND POLICY AGREEMENT-Rev. 8/09**

Course Date: \_\_\_\_\_ Course Day & Time: M/W AM T/TH PM  
(Circle)

Receipt # \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Method: \_\_\_\_\_  
CK, CA, CC

Name: \_\_\_\_\_ PHONE: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
\_\_\_\_\_ City ST Zip Code

**CANCELLATION AND REFUND POLICY**

**A minimum of \$300 is required for registration. The remaining \$300 tuition balance MUST be paid in full the 6<sup>th</sup> week of class. Any refund of prepaid tuition fees will be made in the following manner. (Please allow up to two weeks for refunds to be processed). Please note that classes may be canceled due to low registration or inclement weather. Alternative class dates will be provided.**

- (1) If cancellation occurs after enrollment, but before classes begin with at least one week's notice, a refund shall be made of all money paid except one-hundred dollars (\$100) for an administration fee. Textbook must be returned in new condition. If textbook is damaged, the refund will be deducted fifty dollars (\$50) for replacement. Transfers to the next class must be approved and granted prior to class start.
- (2) If cancellation occurs the day of the class or after classes begin, **NO REFUNDS** will be issued.

I have read the above policy on refunds and agree to the stated terms and conditions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_