

IDEAL COMPANION CARE LLC CNA SCHOOL
1300 E. Irving Park Road, 2nd Floor Office
Streamwood, IL 60107.
TEL # (331) 245-4274 FAX # (847) 770 -0663

(Approved by: The Division of Private Business and Vocational Schools of Illinois Board of Higher Education) (IBHE). Ideal Companion Care LLC, CNA School is not accredited by a US Department of Education recognized accrediting body)

WEBSITE: www.idealcompanioncarellc.com/CNASchool
E-MAIL ADDRESS: cnaschool@idealcompanioncarellc.com

ENROLLMENT AGREEMENT

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBERS: H) _____ C) _____ W) _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY #: _____ STUDENT ID #: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE #: _____

PROGRAM INFORMATION

DATE OF ADMISSION: _____/_____/_____

PROGRAM / COURSE NAME: _____

DESCRIPTION OF PROGRAM / COURSE: _____

_____

PREREQUISITE COURSES & OTHER REQUIREMENTS FOR ADMISSION TO PROGRAM / COURSE:

A Heart For The Best
Ideal Companion Care LLC

PROGRAM / COURSE OBJECTIVES: _____

PROGRAM INFORMATION (CONTINUED)

PROGRAM START DATE: _____ SCHEDULED END DATE: _____

FULL-TIME ☐ PART-TIME ☐ DAY ☐ EVENING ☐

DAYS/EVENINGS CLASS MEETS: (circle) M T W Th F Sa Su

TIME CLASS BEGINS: _____ TIME CLASS ENDS: _____

NUMBER OF WEEKS: _____ TOTAL CREDIT or CLOCK HOURS: _____

Disclosure:

- Our program started in April 2025, to-date 55 admitted across 7 Cohorts completed up till August 16th, 2026 for Basic Nursing Assistant Training Program (BMATP) at Ideal Companion Care LLC CNA school. All 55 students completed their training, with the last 7 batch done on August 16th, 2026.
- All 55 students admitted, registered, and paid. No withdrawal and no refunds necessary.
- Proposed next class to starts in October 19 2026. We are currently accepting applications for the next cohort.
- There is no re-enrollment because all students completed their training. We had no withdraws and there will be no re-enrollment.
- There are currently no students placed in the field or related field. Those placed had transitioned to other institution offering higher compensations.
- 52 Students registered and passed the State Board Exam, the rest hadn't registered for reasons best known to them.
- Next 12 months proposed new start **40** | Re-enrollments **0** | Transfers **0**.
- The total number of students admitted in the program to-date is **55.**

FINANCIAL AID

Ideal Companion Care, LLC as a private institution presently does NOT offer nor accept financial aid. We are however committed to the philosophy that all individuals who need, want, and are able to benefit from higher education should be provided the opportunity to realize their aspirations and goals. We will work with student on a payment arrangement that is spread across the duration of the program.



TUITION & FEES

ENROLLMENT FEE:	$100:00
TUITION:	$1,200:00
CPR Training Fee:	$65:00
BOOKS FEE:	$87:00
OTHER:	$00:00

TOTAL COST FOR _____PROGRAM / COURSE: **$ _1,452:00**

REFUND / CANCELLATION POLICY

Tuition Refund Policy:

Ideal Companion Care LLC CNA School is committed to providing clear and fair policies regarding tuition refunds. The following policy outlines the conditions under which students may receive refunds of tuition and fees paid.

- **Cancellation Before Start Date:**
  - If a student cancels their enrollment before the start of the course, they will receive a full refund of all tuition and fees paid, minus a $50 processing fee.
  - To initiate a refund, the student must submit a written cancellation notice to the school's administration office before the program start date.
- **Cancellation After Start Date:**
  - If a student withdraws from the program within the first week of the course, they will receive a 70% refund of the tuition paid.
  - No refunds will be provided after the first week of the course.
  - The student must submit a written withdrawal notice to the school's administration office to initiate the refund process.
- **Exceptions:**



- In cases of extenuating circumstances, such as medical emergencies or other unforeseen events, the school may consider exceptions to the refund policy on a case-by-case basis.
- Students must provide documented evidence of the extenuating circumstances and submit a written request for consideration to the school's administration office.

- Should the student's enrollment be terminated or should the student withdraw for any reason, all refunds will be made according to the cancellation windows above.

- **Withdrawal Procedure:**
- To ensure a smooth and fair process for students who decide to withdraw from the program, Ideal Companion Care LLC CNA School has established the following withdrawal procedure:
- **Notification:**
- Students must notify the school of their intention to withdraw in writing. This can be done by submitting a withdrawal form or a letter to the school's administration office.
- The withdrawal date will be the date the written notification is received by the school.
- **Meeting with Administration:**
- The student may be required to meet with a school administrator to discuss the reasons for withdrawal and to ensure that all necessary information is provided.
- The administrator will explain the refund policy and any implications of withdrawing from the program.
- **Refund Process:**
- If the student is eligible for a refund, the school will process the refund within 30 days of receiving the written withdrawal notice.
- Refunds will be issued via the original payment method, unless otherwise agreed upon by the student and the school.
- **Documentation:**
- The school will provide the student with a written confirmation of the withdrawal and any refund issued.
- The student should retain a copy of all documentation related to the withdrawal and refund process for their records.
- By adhering to these policies, Ideal Companion Care LLC CNA School ensures that students are treated fairly and that all financial transactions are conducted transparently.



NOTICE TO STUDENT

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read all pages of this contract before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
6. The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

STUDENT'S RIGHT TO CANCEL

The student has the right to cancel the initial enrollment agreement until 7AM of the 1st business day after the student has been admitted. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund on all monies paid to date within 30 days of cancellation. Cancellation should be submitted to the authorized official of the school in writing.

STUDENT ACKNOWLEDGMENTS

1. I hereby acknowledge receipt of the school's catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.
   Student Initials _____
2. I have carefully read and received an exact copy of this enrollment agreement.
   Student Initials _____
3. I understand that the school may terminate my enrollment if I fail to comply with attendance,

academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

Student Initials _____

4. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.
   Student Initials _____

5. I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, [school name] must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.
   Student Initials _____

6. I understand that the school does not guarantee job placement to graduates upon program completion.
   Student Initials _____

7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333, Springfield, IL 62701 or at www.ibhe.org.
   Student Initials _____

The student acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

Student's Signature	Date	Program Director's Signature	Date