



BROCKWAY CENTER FOR ARTS & TECHNOLOGY  
 PARKSIDE BUILDING | 1200 WOOD STREET, SUITE B  
 BROCKWAY, PA 15824 | PHONE: 814.265.1111

BROCKWAY CENTER FOR ARTS & TECHNOLOGY  
 AT TITUSVILLE  
 THE HUB | 504 E. MAIN STREET  
 TITUSVILLE, PA 16354 | PHONE: 814.827.4445

WWW.BROCKWAYCATART.ORG



## ENROLLMENT AGREEMENT

Last or Married Name	First Name	Middle Initial	Maiden Name
Mailing Address (Street)	City	State	Zip Code
Home Phone ( ) ( )	Work Phone ( ) ( )	Social Security Number	Birth Date
		<input type="checkbox"/> Male	Veretan's Benefits: <input type="checkbox"/> Yes
		<input type="checkbox"/> Female	<input type="checkbox"/> No
Race (Required by U.S. Department of Education Title VI Civil Rights Act, 1964)			
<input type="checkbox"/> Alaskan or American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Black Non-Hispanic	<input type="checkbox"/> Hispanic
		<input type="checkbox"/> White Non-Hispanic	<input type="checkbox"/> Multi-Racial
Training Desired:	<input type="checkbox"/> Clinical Medical Assistant and Phlebotomy	<input type="checkbox"/> Pharmacy Technician	
	<input type="checkbox"/> Nurse Aide	<input type="checkbox"/> Medical Coding	

## EDUCATION

Have you previously attended Brockway Center for Arts & Technology?  Yes\*  No

If yes, when? \_\_\_\_\_

What program? \_\_\_\_\_ Did you graduate?  Yes  No

Date graduated \_\_\_\_\_

HIGH SCHOOL	High School _____	Street Address _____		
	School Address _____	City _____	State _____	Zip _____
	Dates attended: From _____	To _____	Course or Field of Study _____	
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	GED Score _____	Date Passed _____		
BUS./TECH.	Business/Technical School _____	Street Address _____		
	School Address _____	City _____	State _____	Zip _____
	Dates attended: From _____	To _____	Course or Field of Study _____	
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Certificate or Degree Earned _____			
COLLEGE	College/University _____	Street Address _____		
	School Address _____	City _____	State _____	Zip _____
	Dates attended: From _____	To _____	Course or Field of Study _____	
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Certificate or Degree Earned _____			

# PROGRAM INFORMATION

Program	Start Date	Class Begins	Class Ends
<input type="checkbox"/> Clinical Medical Assistant and Phlebotomy	<input type="checkbox"/> MA - September 5th, 2023	<input type="checkbox"/> MA - 9:00 am	2:30 pm
<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> PT - July 17th, 2023	<input type="checkbox"/> PT - 8:00 am	3:00 pm
<input type="checkbox"/> Nurse Aide	<input type="checkbox"/> NA - To be announced	<input type="checkbox"/> NA - To be announced	To be announced
<input type="checkbox"/> Medical Coding	<input type="checkbox"/> MC - To be announced	<input type="checkbox"/> MC - To be announced	To be announced

Number of Weeks (Including externship)	Number of Clock Hours	Certificate	Diploma
<input type="checkbox"/> MA - 46 weeks	1060 hours	-	<input type="checkbox"/> Clinical Medical Assistant and Phlebotomy Diploma
<input type="checkbox"/> PT - 30 weeks	1140 hours	-	<input type="checkbox"/> Pharmacy Technician Diploma
<input type="checkbox"/> NA - 4 weeks	129 hours	<input type="checkbox"/> Nurse Aide	-
<input type="checkbox"/> MC - 35 weeks	1060 hours	-	<input type="checkbox"/> Medical Coding Diploma

# ENROLLMENT AGREEMENT

**SUBMISSION OF TRANSCRIPTS** The student is responsible for ensuring that all high school and college transcripts are received at Brockway Center for Arts & Technology. Failure to provide official documentation will result in the student's suspension from class until the transcripts are provided.

**COST AND REFUND POLICY** Each program is at no cost for students. Books, a set of scrubs, national certification testing, and the use of a school laptop are all provided at no cost to the student. Because students attend at "no cost," there is never a refund to the student.

**STUDENT FINANCIAL RESPONSIBILITY** Students will be responsible for having the following completed:

1. state background check, which must be clear to enroll
2. two-step tuberculosis testing
3. physical examination with immunization record
4. flu shot

Documentation evidencing completion of the above four requirements will be necessary before externship assignments can be made. The externship is a required component of training. Externship sites will not accept students without the documents above.

### CANCELLATION OF AGREEMENT

**By Student:** The student may cancel this agreement at any time by written notification to the school.

**By School:** Students may be asked to withdraw for the following reasons:

1. Failure to make satisfactory academic progress;
2. Failure to comply with published rules and regulations of the school (see handbook and catalog);
3. Failure of a drug test;
4. Failure of externship;
5. Failure to attend.

*Failure to complete and turn in all of the required paperwork including, but not limited to, a clear background check, may result in disqualification of entry into the job training program.*

**WITHDRAWAL/TERMINATION POLICIES** Students who wish to withdraw or terminate from training after enrollment and attendance of classes must notify the school, in writing, that they wish to discontinue participation in the training program. The date of withdrawal/termination will be the date that the notification is received unless otherwise specified in the written document.

**STUDENT COMPLAINT PROCEDURE** Students have the right to express complaints and file grievances. When a problem arises that interferes with training, the student should discuss it with the teacher immediately. If a solution is not found, the problem is brought to the attention of the Program Director. If the problem remains unresolved, it should be put in writing to the Executive Director, via the Assistant to the Executive Director. Brockway Center for Arts & Technology is licensed by the State Board of Private Licensed Schools. Should the situation remain unresolved, the Executive Director will advise the student to address the complaint in writing to the:

**Pennsylvania State Board of Private Licensed Schools**  
 Department of Education, 12th Floor  
 333 Market Street, Harrisburg, PA 17126-0333

**STUDENT PUBLICATION INFORMATION** My signature of this Enrollment Agreement verifies that I have received and read the course catalog.

**EMPLOYMENT ASSISTANCE** To assist the student in her or his career, the school provides employment

## ARBITRATION

“Any controversy, claim or dispute concerning question of fact, policy or law arising out of or relating to the agreement, its performance or alleged breach, which is not disposed of by agreement of the parties, shall be settled by arbitration in Brockway, PA, in accordance with the rules then obtaining of the American Arbitration Association; and judgement upon the award rendered by the arbitrator or arbitrators shall be final and conclusive on the parties, unless determined by a court of competent jurisdiction to have been fraudulent, capricious, arbitrary or so grossly erroneous as necessarily to imply bad faith. Costs of the arbitration shall be borne equally.”

## ATTORNEYS' & COLLECTION FEES

“In any legal action or arbitration between the parties arising out of this agreement, the school, if it prevails, shall be entitled to recover its reasonable attorneys' fees in addition to any other relief to which it may be entitled. Further, the school shall be entitled to recover any attorney's or collection fees.”

## INTEGRATION

“This agreement is the entire agreement between student and the school concerning the rights granted and the obligations assumed in this agreement. This agreement supersedes any prior representations. This agreement may only be modified in writing and signed by both parties.”

## INDEMNIFICATION

“The student releases and indemnifies the school, its agents and representatives from and against all liabilities, damage, and other expenses which may be imposed upon, incurred or asserted against it or them by reason of bodily injury or property damage which may be suffered from any causes while enrolled as a student in the resident training program of Brockway Center for Arts & Technology and from all claims of refund based on his/her inability to secure a job in the industry for which he/she has been trained.”

Brockway Center for Arts & Technology reserves the right to make changes in course content, equipment, materials, organization, policy and curriculum as circumstances dictate. In addition, in the unlikely event the school's starting date is subject to postponement for any reason, immediate alternate plans and starting date will be instituted. Students who have not visited the school facility prior to enrollment will have the opportunity to withdraw without penalty within five (5) days following either attendance at a regularly scheduled orientation or following a tour of the school facilities and inspection of the equipment.

## STUDENT SIGNATURE

I have read and understand this enrollment agreement and I acknowledge receipt of an exact copy of it and the course catalog which contains the school rules and regulations. My signature on this agreement is an acknowledgement that I have made no promises contrary to the statements in this agreement, and I agree to abide by the school rules as explained in the school handbook and school catalog. I understand that this agreement becomes binding when it is signed by me and a school official.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature\* \_\_\_\_\_ Date \_\_\_\_\_  
*\*Only needed if student is a minor*

Accepted by Brockway Center  
for Arts & Technology official \_\_\_\_\_ Date \_\_\_\_\_