

Monroe Career & Technical Institute
Adult Continuing Education
(ACE)



ADULT DAYTIME
PROGRAM
APPLICATION
PACKET

Monroe Career & Technical Institute

Table of Contents

Section 1 Adult Program Philosophy

Section 2 Terms & Conditions for Admission

Section 3 Adult Daytime Application

Section 4 Adult Daytime Training Agreement

Section 5 Adult Rules & Regulations

Section 6 Clearances

Section 7 Emergency Contact Information

Section 8 Refund Policy

If you wish to apply for a daytime training program, desire additional information, or have questions regarding the contents of this application packet, please call the Coordinator/Administrator of Adult Continuing Education at (570) 629-2001, extension 1115.

Monroe Career & Technical Institute

Section 1

Adult Program Philosophy

The Monroe Career & Technical Institute (MCTI) is committed to providing quality career and technical educational programs and services to meet the occupation/workforce needs of our community.

As the skills required of adults in today's workforce change, MCTI has accepted the responsibility to provide the training required to meet the labor needs of new and existing businesses and industries in our community.

Our goal is to provide the opportunity for adults to be trained or re-trained with the necessary skills required to either enter the workforce or upgrade current skills for advancement.

Monroe Career & Technical Institute

Section 2

Terms and Conditions for Admission of Adults in Daytime Programs

1. Space must be available in the respective career program, which will be determined annually by MCTI administration. Determination as to what programs will be open to adults will be made on or about September 15th of the each school year.
2. Residents of Monroe County will be given first priority for admission to the programs.
3. Adults must possess a high school or GED diploma.
4. The adult students will attend the Monroe Career & Technical Institute (MCTI) according to the daily schedule and calendar established each year.
5. Adult students will be required to sign a separate form that explains the rules and regulations of the school to which they must abide. A Student Handbook will be given to each Adult Student.
6. Adult students must provide their own transportation and obtain a parking pass.
7. Health/accident insurance is the responsibility of the adult student. Students are strongly encouraged to carry health/accident insurance. MCTI does not provide first party medical insurance relative to accidents or injuries at the school. MCTI cannot and will not be accountable for any medical bills, due to an accident/injury incurred while participating in school related activities.
- 8. Adult student must apply and possess a PA Criminal Record Check (Act 34), Pennsylvania Child Abuse History Clearance (Act 151); and an FBI Federal Criminal History Check (Act 114). The record checks for the Act 34 & 151 are \$10.00 each and the fee for the FBI check is \$40.00. All fees are the responsibility of the applicant.**
9. Each applicant must produce the original Act 34 & Act 151 document to the Coordinator/Administrator of Adult Continuing Education **prior to** acceptance into any daytime training program. No person will be admitted to a daytime program where the Criminal Record Check indicates that the applicant has been convicted, within five years immediately preceding the date of the report, of one or more offenses listed in the Act or a positive response in the Act 151 report.
10. An application fee of \$100 shall be made payable to MCTI at the time of signing of the training agreement.

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Military Data:

Were you in the U.S. Armed Forces? _____ If yes, what branch? _____

Date of Duty: From _____ to _____.

List duties, including special training: _____

Employment Data:

List all present and past employment, beginning with the most recent.

Employer/Location	Position	Dates Employed From – To		Reason(s) for Leaving

State your employment goal after training: _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? _____

If yes, describe in full: _____

References: (No relatives, please)

1. Name & Title: _____
 Address: _____
 Phone: Home (_____) _____ Years Known: _____
 Phone: Work (_____) _____
 Phone: Cell (_____) _____

2. Name & Title: _____
 Address: _____
 Phone: Home (_____) _____ Years Known: _____
 Phone: Work (_____) _____
 Phone: Cell (_____) _____

SIGNATURE _____ **DATE** _____

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Section 4

Adult Daytime Training Agreement

Name: _____ Date: _____

Address: _____

Acceptance into a training program is based on space availability, student qualifications, and an interview with members of the MCTI administration and teaching staff.

The intent of our screening process is to encourage the adult student to enroll into a training program that best fits his/her needs. The enrollees may be required to take a reading and mathematics diagnostics test prior to enrollment into a training program.

A training program can be an open entry/open exit program. Training time can be flexible, but must be pre-scheduled in blocks of time depending on the skill competencies to be covered. Students may choose to enroll for a full day program or half-days either AM or PM. Students can attend Monday through Friday. All courses will be customized to the student's career objectives.

Course Selection – Name of Program _____

Half-day instruction (a.m.) _____ (p.m.) _____

Full Day _____

Starting Date: _____ Ending Date: _____

Total hours of instruction: _____

I, the undersigned, give the Monroe Career & Technical Institute permission to validate the information given on my application and during my interview.

(Date) (Name Printed) (Signature)

The Monroe Career & Technical Institute will not discriminate in its educational program, activities, or employment practices, based on race, color, national origin, gender, sexual orientation, disability, age, religion, ancestry, union membership, or any other legally protected classification. Announcement of this policy is in accordance with the Pennsylvania Human Relations Act and with Federal law, including Titles VI and VII of the Civil Rights Act of 1964. Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and the Americans With Disabilities Act of 1990. For information regarding Civil Rights or grievance procedures and accommodations for persons with disabilities, **contact the: Supervisor of Pupil Services, Laurel Lake Drive, PO Box 66, Bartonsville, PA 18321-0066, Phone: 570-629-2001, Fax: 570-629-9698**

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Fees & Tuition Schedule

- Tuition is determined annually by the JOC.
- Tuition is due and payable upon enrollment/acceptance.
- Payment will be made to the MCTI Adult Education Office.
- Materials & Lab fees are an additional cost and determined by the ACE office and the instructor.
- Textbooks are not included in the tuition cost and will be charged at the school rate.

Tuition Refunds

- See Refund Policy Section 8

Tuition Agreement

Name: _____

Date: _____

Course: _____

Number of Days		_____
Hours/Day	X	_____
Hours Billed		_____
Hourly Rate	X	_____
Material Fee	+	_____
Lab Fee	+	_____
Textbook	+	_____
TOTAL COSTS		_____

Adult Student Signature: _____

School Official: _____

Tuition Received by: _____ Amount: _____

Students that qualify for State, Federal or Employer Funding must present a document verifying the responsibility of payment to MCTI/ACE.

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Section 5

Adult Student Rules & Regulations

1. Students enrolled in **DAYTIME ADULT EDUCATION PROGRAMS** are expected to adhere to all school and shop regulations. A copy of the Student Handbook is included in this packet.
2. Required safety equipment will be provided by the student as prescribed by the instructor and the school.
3. Students will be expected to attend all scheduled class sessions. Absences during the agreement will not be refunded. If you are unable to attend class, please contact your instructor.
4. In the event of a shop accident students are responsible for all medical costs.
5. Cigarettes, drugs and alcohol are prohibited on school property by law and policy. All violators will be prosecuted to the fullest extent of the law and the student will be terminated from their training program.
6. Tobacco products and/or smoking are prohibited on MCTI property. All violators will be charged with a violation of the Clean Air Act and will be subject to a civil fine of at least \$125.00 plus legal costs. Adult students that wish to smoke must do so off school property.
7. Appropriate dress and grooming is expected from adult students. This may require the purchase of uniforms. Please keep in mind that you will be a role model for the secondary students and are expected to set a good example. You are expected to conduct yourself in a mature and professional manner at all times.
8. Textbooks and/or materials that are required for the training program must be purchased by the adult student.
9. The Faculty Room is off limits to all adult students.
10. Adult students are required to park in the upper parking lot as indicated by the administration. A parking permit will be required.
11. Adult students may eat in the school cafeteria. Adults will pay the approved adult price for lunch. The school's restaurant is not open to adult students.
12. Students may withdraw from a program at any time. To withdraw, the student is required to write a letter of withdrawal, addressed to the ACE Coordinator/Administrator stating the reason(s) for withdrawal. A private conference with the Coordinator may be requested.

Monroe Career & Technical Institute

13. Reasons for termination from a training program can include, but are not limited to, the following infractions:
- a. Open insubordination to staff and/or administration
 - b. Fraternizing with secondary students
 - c. Stealing
 - d. Fighting
 - e. Use of offensive language
 - f. Disregard for the safety of yourself and others
 - g. Non-payment of tuition fees
14. Adult Students that are terminated from their training program have the right to file a grievance. The Adult Student Grievance Procedure is as follows:
- a. Discuss the problem with the ACE Coordinator/Administrator
 - b. If the problem is not resolved, or the student is not satisfied, he/she should then make an appointment to discuss the problem with the Director of MCTI.
 - c. If the problem is not resolved, or the student is not satisfied, he/she should then request that the Joint Operating Committee (JOC) review the problem at their next meeting. The JOC will determine if the decision made is appropriate and in accordance with school policy. The determination of the JOC is final.
15. Please report all problems and concerns to the ACE Coordinator/Administrator as soon as possible.

I have read and understand all of the aforementioned Rules and Regulation. I agree to abide by these Rules and Regulations. I understand that any infraction may lead to the termination of my training program at MCTI and that no refund will be received.

Adult Student Signature: _____ **Date:** _____

ACE Coordinator Signature: _____ **Date:** _____

Student Printed Name: _____ **Date:** _____

Monroe Career & Technical Institute

Section 6

ACT 34 Criminal Record Check Instructions

Pennsylvania Residents:

Complete Resident Affirmation Form (available in the Adult Continuing Education Office). Then follow the instruction below to apply for the State Police Criminal Record Check.

Application Instructions:

- 1. Complete form “Criminal Record Check Request” (available in the Adult Continuing Education Office).**
- 2. Promptly return the completed form to the MCTI Adult Continuing Education Office with the \$10.00 fee. Cash when submitting in person or money order made out to MCTI, via mail. No checks for this request are accepted.**
- 3. Mail to:
MCTI – ACE – PO Box 66 – Laurel Lake Drive –Bartonsville, PA 18321**

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ACT 151 Pennsylvania Child Abuse History Clearance Form

This form and instructions are available in the Adult Continuing Education Office.

Once completed, you must include a \$10 Money Order with the completed form. The money order must be made payable to: Department of Public Welfare.

Submit the form and Money Order to:

**Childline and Abuse Registry
Department of Public Welfare
PO Box 8170
Harrisburg, PA 17105-8170**

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ACT 114 FBI Federal Criminal History Record Check Process

The fingerprint-based background check is a multiple-step process:

The applicant must register with Cogent Systems prior to going to the fingerprint site. Fingerprint services will not be provided to applicants without prior registration at any fingerprinting location. Registration is completed online or over the phone. Registration is available online 24 hours/day, seven days per week at <http://www.pa.cogentid.com/>. Telephonic registration is available at 1-888-439-2486 Monday thru Friday, 8AM to 6PM EST. During the registration process, all demographic data for the applicant is collected (name, address, SSN, etc.) so there is no data entry required at the fingerprint collection site.

To insure a successful registration and avoid any data collection errors, please register yourself online. If you do register by phone make sure your Social Security Number is collected correctly.

The applicant will pay a fee of \$36.00 for the fingerprint service and to secure the Criminal History Record. Applicants may make their payment online using a credit card or debit card. Money orders or cashiers checks PAYABLE TO COGENT SYSTEMS will also be accepted on site for those applicants who do not have the means to pay electronically. NO CASH TRANSACTIONS OR PERSONAL CHECKS WILL BE ACCEPTED AT THE PRINT LOCATIONS.

Applicants registering can receive a copy of their CHRI Report by indicating their desire to do so when they register. This will be the only opportunity for the applicant to request a paper copy of their CHRI. If the applicant requests a paper copy of the report, that will cost an additional \$2.00. The paper copy will not be regarded as the official report, however, it will provide the applicant with a copy of the information that the school administrator will see when the report is reviewed.

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Section 7

A. Employee Information

Employee Name _____ Age _____
 Position _____ Date of Birth _____
 Address _____ Home Phone _____
 _____ Cell Phone _____

B. Emergency Contact

Alternate Emergency Contact

Name _____	Name _____
Work Phone _____	Work Phone _____
Place of Employment _____	Place of Employment _____
Home Phone _____	Home Phone _____
Address _____	Address _____

C: Health Issues: the following information is voluntary. Please complete the information you would like to share.

Do you have any health problems: Yes ___ No ___ If yes, please list _____

Are you allergic to any medication: Yes ___ No ___ If yes, please list _____

Are you currently taking any medication on a regular basis? Yes _____ No _____ If yes, please list below:

Please list any other vital information you would like us to be aware of in the space below.

Would you like to have your primary care physician contacted in case of emergency: Yes _____ No _____

If so, please list name & phone number _____

**** I give my permission to the attending physician for any necessary emergency treatment ****

 Signature Date

This information is considered private and confidential and will be housed in a locked file in the Health Officer's office.

Monroe Career & Technical Institute

Section 8

REFUND POLICY:

An applicant not accepted by the school shall be entitled to a refund of all monies paid. If a student cancels and requests a refund in writing within five (5) business days of signing the Adult Daytime Agreement, all monies collected by the school will be refunded. The training cancellation date will be determined by the date notice is given to the school in person. This policy applies whether or not the student has actually started training. If a student cancels enrollment more than 5 business days after signing but prior to entering classes, he/she shall be entitled to a refund of all monies paid less the application fee, which is \$100.00 (See Section 2 #10)

For students who enroll and begin classes, the following schedules for tuition adjustments are authorized:

- If the school cancels a course after a student has enrolled and before course instruction has begun, the student shall be entitled to a full refund of tuition.
- In the case of illness or disabling accident, death in the immediate family or circumstances beyond the control of the student, the school will make a settlement which is reasonable and fair to both parties involved. Enrollment time is defined as clock hours of instruction accrued between the actual starting date and the date of the student's last day of physical attendance in the school. Any monies due the applicant or student shall be refunded within forty-five (45) days of formal cancellation or termination by the student or school, as defined above which shall occur no more than thirty (30) days from the last day of physical attendance, or in the case of a leave of absence, the documented day of return.
- If the student withdraws during the first week of class, 75% of the tuition will be refunded (application fee to be retained by the school).
- If the student withdraws during the second week of class, 50% of the tuition will be refunded (application fee to be retained by the school).
- If the student withdraws during the third week of class, 25% of tuition will be refunded (application fee to be retained by the school).
- After the third week of class – no refund will be given.