

NYBG

HORTICULTURE THERAPY PROGRAM

To enroll in the Horticultural Therapy program, please complete the following form. All forms can be directly emailed to Jillian Elbaum at jelbaum@nybg.org, or dropped off in person at the Registration Office located in NYBG's Watson Education Building, Room 306. If you have any questions, please call the Registration office at (718) 817-8720.

Student Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Date of Birth: _____

Last Four Digits of Social Security: XXX-XX-_____

The above listed school and student enter into agreement under which the student will pay tuition and fees as indicated below as well as adhere to the school's rules and regulations as set forth in the school catalog. The school will instruct the student in the curriculum listed below in accordance with Education Law and Commissioner's Regulations.

Please note: All school tuition is based on NYBG Member pricing. To become a member, please visit <https://www.nybg.org/join-support/membership/> or call the Registration Office for more information.

Program	Horticultural Therapy
Hours	189 hours, including 8 site visit hours and a 100 hour internship
Tuition	\$5,015
Non-Refundable Registration Fee	\$100
Total	\$5,115
Refund Policy	Mini Refund Policy (see below for more information)

School Hours of Operation: Monday - Thursday 10am-9:15pm
Friday - Sunday 10am-5pm

Registration Office Hours of Operation: Monday - Friday 9am-5pm

Schedule: Students will enroll in at least one section of each class per quarter in a sequence similar to the one outlined below.

Quarter	Course Code	Class Title	Day of the Week	Time of Day	Hours Per Day	Hours Per Week	Total Course Hours*	Course Cost
Taken	THR301	Intro to Horticultural Therapy	3 Saturdays	10am - 3:30pm	5	5	15	\$365
Taken	HRT300	Introduction to Plant Science	6 Tuesdays	10am-12:40pm	2.67	2.67	16*	\$395
1	HRT411	Plant Propagation I: Basic Principles	7 Mondays	10:30am-1:30pm	3	3	18*	\$479
1	GAR301	Fundamentals of Gardening	4 Saturdays	10am-1pm	3	3	12	\$295
2	THR403	Horticultural Therapy for Physical Rehabilitation	3 Saturdays	10am – 3:30pm	5	5	15	\$389
2	THR401	Horticultural Therapy for Older Adults	Monday, Wednesday, Friday	10am - 3:30pm	5	5	15	\$365
2	THR402	Horticultural Therapy for Exceptional Youth	Monday, Wednesday, Friday	10am-3:30pm	3.75	3.75	15	\$389
2	THR5XX	Site Visit of choice	Depending on choice				6 hours max	\$135
3	THR407	Activities Analysis for Horticultural Therapy	3 Saturdays	10am – 3:30pm	5	5	15	\$395
3	THR404	Horticultural Therapy in Behavioral Health Settings	Monday, Wednesday, Friday	10am – 3:30pm	5	5	15	\$389
3	THR406	Horticultural Therapy Methods & Materials	Tuesday, Thursday, Saturday	10am – 3:30pm	5	15	15	\$395
3	THR408	Garden Design for Special Populations	3 Fridays	10am-3:30pm	3	6	15	\$365
4	THR409	Horticultural Therapy Program Management	3 Saturdays	10am – 3:30pm	5	3	15	\$389
4	THR5XX	Site Visit of choice	Depending on choice				6 hours max	\$135

*Course hours do not include exam hours.

Start Date

Expected Graduation Date

Method of Payment

Payment is on a class-by-class basis, and is due at the time of registration for each individual class, until the balance for the full tuition is paid.

Refund Policy

A. A student who cancels within 7 days of signing the enrollment agreement receives all monies returned with the exception of the non-refundable registration fee.

B. Thereafter, a student will be liable for all of the following:

1. the non-refundable registration fee
2. the cost of any textbook or supplies accepted
3. tuition liability as of the student's last date of physical attendance

Because students pay tuition on a class-by-class basis, tuition liability is based on the cost of each individual class. Total tuition liability is limited to the courses the student is enrolled in when the student withdrew or was terminated and any previous quarters completed.

The charts below indicate how much a refund would be in the event that a student had to withdraw or cancel their enrollment of particular courses during the program.

COURSES SIX (6) WEEKS OR LESS

	1-15% complete	16-30% complete	31-45% complete	46-60% complete	more than 60% complete
Introduction to Horticultural Therapy	\$365.00	\$273.75	\$182.50	\$91.25	\$0
Horticultural Therapy for Exceptional Youth	\$389.00	\$291.75	\$194.50	\$97.25	\$0
Horticultural Therapy for Physical Rehabilitation	\$389.00	\$291.75	\$194.50	\$97.25	\$0
Horticultural Therapy for the Aging Population	\$365.00	\$273.75	\$182.50	\$91.25	\$0
Horticultural Therapy in Behavioral Health Settings	\$389.00	\$291.75	\$194.50	\$97.25	\$0
Activities Analysis for Horticultural Therapy	\$395.00	\$296.25	\$197.50	\$98.75	\$0
Garden Design for Special Populations	\$365.00	\$273.75	\$182.50	\$91.25	\$0
Horticultural Therapy Methods and Materials	\$395.00	\$296.25	\$197.50	\$98.75	\$0
Horticultural Therapy Program Management	\$389.00	\$291.75	\$194.50	\$97.25	\$0

COURSES LONGER THAN SIX (6) WEEKS

	During the first week	During the second week	During the third week	After the third week
--	-----------------------	------------------------	-----------------------	----------------------

Fundamentals of Gardening	\$221.25	\$147.50	\$73.75	\$0
Introduction to Plant Science	\$296.25	\$197.50	\$98.75	\$0
Plant Propagation I: Basic Principles	\$359.25	\$239.50	\$119.75	\$0

To withdraw from a class and request a refund, please contact the Director at lwhitmer@nybg.org or 718.817.8595. The failure of a student to immediately notify the Director in writing of the student's intent to withdraw may delay a refund of tuition to the student pursuant to Section 5002(3) of the Education Law.

Although placement assistance is available, the school cannot guarantee a job to any student or graduate.

By my signature, I agree to the conditions of this agreement. I also verify that I have read and received a copy of the agreement and the school catalog.

Student Signature _____ Date _____

The agent who enrolled me was:

Jillian Elbaum _____ 2141-3728
 Name _____ Cert # _____

Jillian Elbaum
 Agent Signature _____ Date _____

I have received a copy of the Student Disclosure Material.

Student Signature _____ Date _____

Jillian Elbaum
 Agent Signature _____ Date _____

[Signature]

Director of Adult Education Signature _____ Date _____