



Academy for Dental Assistants
 4995 49th St N, St. Petersburg, FL 33709
 (727) 914-0599 Fax (727) 279-4631 email: info@academy4da.com

ENROLLMENT AGREEMENT

12-Week Dental Assistant Training Program

NAME:		
ADDRESS:		
CITY, ST, ZIP		
HOME PHONE:	CELL#	
DOB:	SEX: M / F	ARE YOU PREGNANT AT THIS TIME: Y / N
EMAIL ADDRESS		
CLASS DATE:		
MEDICAL CONDITIONS OR CONCERNS <ul style="list-style-type: none"> • Latex allergy (at any point in your life)? Y / N • Any other allergies? _____ • Epilepsy or Seizures? Y / N • Anxiety? Y / N • Hypoglycemia? Y / N • Any other medical conditions we need to be aware of? _____ 		
<ol style="list-style-type: none"> 1. Student must purchase Student Professional Liability Insurance and provide the office with a copy by first day of class. (HPSO.com \$38/yr) (SEE INTRODUCTION ONLINE) 2. Students are responsible for their own health needs, health care costs, and health insurance coverage during Training Program and Internship. <ul style="list-style-type: none"> • I acknowledge that I have Medical Insurance and will keep it active during Training Program and Internship. _____ (Initial) OR • I do not have medical insurance and acknowledge that any medical incidents will be my financial responsibility. _____ (Initial) 		

Program Information (School Only)

Program Title: Dental Assisting Program Length: 12 Weeks Clock Hours: 296 hours

Hours per Week: 8 Hours **Start Date:** _____

Tuition \$ 2245.00

Registration Fee \$ 250.00

Total Price \$ 2495.00

*Student responsibility: Books, Uniform and Liability Insurance.

This agreement, together with the student catalog, constitutes a binding contract between the student and the school upon acceptance by the school.

This agreement constitutes a binding Contract between the Student and Academy for Dental Assistants.

Methods of Payment

Full payment at time of signing enrollment agreement.

Deposit of \$600 (incl. registration fee) at the time of signing enrollment agreement with balance paid prior to starting date.

Deposit of \$600 (incl. registration fee) at the time of signing enrollment agreement with balance paid prior to graduation via a 12-week payment plan.

Annual Percentage Rate	Finance Charge	Amount Financed The dollar amount the credit provided to you or on your behalf.	Total of Payment The amount you will have paid after you have made all payments as scheduled.	Total Sales Price The total cost of your purchase on credit including your down payment of
% NA	\$ 145	\$ NA	\$ NA	\$ NA
Your payment schedule will be: Due Each				
Number of payments	Amount of each payment	Payments are due Every Class starting the first day of class.		
12	\$ 170	Beginning on ___/___/___		

All prices for program are printed herein. There are no carrying charges, interest charges, or service charges connected or charged with any of these programs. Contracts are not sold to a third party at any time. Cost of class is included in the price cost for the goods and services.

Cancellation and Refund Policy

Should a student’s enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule: ***(Refunds omit 3% transaction charges that student pays when using credit card/ debit card)***

1. Cancellation of enrollment can be made in person, by US Postal Service Certified Mail, email or by termination by the Director.
2. All monies will be refunded if the school does not accept the applicant or if the student cancels within (3) three business days (including Saturdays, excluding Sundays and legal holidays), after signing the Enrollment Agreement and making initial payment.

3. Cancellation after the third (3rd) business day, (including Saturdays, excluding Sundays and legal holidays), but before the first class, will result in a refund of all monies paid, with the exception of the registration fee, \$250.00.
4. Cancellation after attendance has begun, but prior to 40% completion of the program, will result in a prorated refund computed on the number of hours completed to the total hours and the registration fee.
5. Cancellation after completing 40% of the program will result in no refund.
6. Termination Date: In calculating the refund due to a student, the last day will be determined by when the termination letter/email in writing has been received by the school. It is the student's responsibility to be sure the school has received the letter/email in writing. The date of the termination letter/email is used in the calculation of refund.
7. Refunds will be made within thirty (30) days of termination of student's enrollment or receipt of cancellation notice from student and will be in the form of a check.
8. A student's enrollment can be terminated at the discretion of the governing board of the Institution for unsatisfactory academic progress, non-payment of academic costs, or failure to comply with the rules and policies and established by the Institution as outlined in the Catalog and Enrollment Agreement.
9. For any course or program that is cancelled by the Institution, the Institution will refund the tuition in full or apply the tuition to a future program depending on the wishes of the student.

GROUNDS FOR TERMINATION

I agree to comply with the rules and policies and understand that Academy for Dental Assistants shall have the right to terminate this contract and my enrollment at any time for violation of rules and policies as outlined in the catalog. I understand that Academy for Dental Assistants reserves the right to modify the rules and regulation, and that I will be advised of any and all modifications. If students do not pass each of the 4 tests with a 75% or better, they will be allowed to retake that test one time. If they do not pass the test on the second attempt they will be terminated from the program. If students fall more than 2 payments behind on the payment plan they will be terminated from the program.

GRADUATION REQUIREMENTS

I understand that in order to graduate from the program and to receive a diploma, I must successfully complete the required number of scheduled clock hours as specified in the catalog and on the Student Enrollment Agreement, pass all written and practical examinations with a 75% average and satisfy all financial obligations to Academy for Dental Assistants.

EMPLOYMENT ASSISTANCE

I understand that Academy for Dental Assistants has not made and will not make any guarantee of employment or salary upon my graduation. Academy for Dental Assistants will provide me with placement assistance, which will consist of identifying employment opportunities and advising me on appropriate means of attempting to realize these opportunities.

ACKNOWLEDGEMENT

This contract contains the entire agreement between Academy for Dental Assistants and myself, and no further modification or representation except as herein expressed in writing will be recognized.

NOTICE TO PROSPECTIVE STUDENT: DO NOT SIGN THIS CONTRACT UNTIL YOU HAVE READ IT OR IF IT HAS ANY BLANK SPACES. ALL SIGNERS HAVE READ AND ARE ENTITLED TO AN EXACT COPY OF THE BINDING CONTRACT AND CATALOG YOU SIGN, KEEP IT TO PROTECT YOUR LEGAL RIGHTS.

Requests or refunds must be in writing and given to the administration office before any refunds will be considered.

** Academy for Dental Assistants has authority to terminate contract with student at any time for nonperformance or failure to follow policies and procedures.

Acknowledgement

1. I have received a copy of the Institutions Catalog and Enrollment Agreement.
2. I have read and understand this Enrollment Agreement and Catalog.
3. No verbal statements have been made to the contrary to my understanding what is contained in this Enrollment Agreement and Catalog.
4. I understand that if I wish to cancel this Enrollment Agreement, I must do so in writing within three (3) business days before the start of the class.
5. I agree to abide by the Schools policies as stated in my Enrollment Agreement and Catalog.

Student Signature

Date

If the student is under the age of 18, Parent or Guardian Signature

Date

Signature of School Official

Date

Copy of Identification

Student Responsibility

1. UNIFORM

Students are required to wear a Navy Blue medical scrub uniform with a Navy Blue or White coat to class. Lab coat can be short or long. Uniforms can be purchased at any uniform store or Walmart.

2. TEXTBOOKS

The books for the class need to be purchased at any bookstore or online before the start of class. Currently we are using Modern Dental Assisting 12th Ed. Bird Robinson Book, Workbook and Dental Instrument Pocket Guide. It is your option to purchase a new or used book and where to purchase the book (Amazon, Ebay, Barnes and Noble, etc). Or we sell them in the office.

Required

- a. Hard cover book 12th edition – ISBN-13: 978-0323430302 ISBN-10: 0323430309 Edition: 12th
- b. Workbook – ISBN-13: 978-0323430319 ISBN-10: 0323430317 Edition: 12th

Optional

Dental Instruments: A Pocket Guide 6th ed – ISBN-13: 978-0323474054 ISBN-10: 0323474055
Publisher: Elsevier Health Sciences

3. Professional Liability Insurance for Internship

Student Healthcare Professional Liability Insurance HPSO.com \$38/yr

4. Personal Medical Insurance

Students are required to carry their own medical insurance during the Training Program and Internship.



ATTENDANCE POLICY

Students are expected to attend and be on time for all classes. Tardiness can disrupt classmates and instructors. Students who arrive more than 15 minutes late to class will be considered tardy. Two times tardy will be counted as an absence.

Since classes are only 12 weeks in length it is very important to attend all classes. Just 1 missed class can result in falling seriously behind in course work. There are no make-up days for missed classes. Two absences will result in termination from the program with no refund.

Students are expected to attend and be on time for all classes. Since each class is very important to progress to the next class, tardiness is unacceptable. A missed class will have **no chance** to be made up and will be the responsibility of the student to follow the program curriculum and keep up to date with the program material. Clinical Hands-On Test days are unexcused absences and cannot be made up unless a prior arrangement has been made with the Director and will include a \$75 Test fee for a teacher to re-administer the Clinical Hands-On Test. No Exceptions. Prior arrangements must be made to any student missing a Clinical Hands-On Test Day. Missing a Clinical Hands-On Test Day without prior approval from the Director of the Program will be automatic Termination from the Program. If a test is missed it must be retaken before the next scheduled class date.

If you are going to miss a class or are going to be late you are required to call, text or email the instructor. The office has an answering machine that you can leave a message no matter what time of day. Each student is required to attend all seven hours of each class unless otherwise cleared by the instructor.

A student may be placed on attendance or academic probation or terminated due to:

- Unsatisfactory progress
- Unsatisfactory attendance
- Nonpayment of fees
- Failure to follow rules

If a student is terminated from the program for any of the above-mentioned reasons, the student may be readmitted to the following class with approval of the school director, under the following conditions:

1. The problem which caused the dismissal must be satisfactorily resolved
2. The student must demonstrate the potential to succeed.
3. The student has paid all the financial obligations to the school, including and owed monies.
4. a. If student was on a *payment plan*, the student: Must pay a registration fee, start from the beginning of the class no matter what point in the course the student was terminated, and pay 50% of the weekly payments already made* and the remainder cost of the classes that the student had not attended. (See page 10 of the course catalog)

Student

Date