ENROLLMENT AGREEMENT

**Dental Assisting Academy of Central Florida, LLC**

5979 Vineland Road, Suite 205

Orlando, FL 32819

(407) 426-1110

FAX (407) 351-4188

THIS AGREEMENT, TOGETHER WITH THE SCHOOL CATALOG, CONSTITUTES A BINDING CONTRACT BETWEEN THE STUDENT AND THE SCHOOL UPON ACCEPTANCE BY THE SCHOOL.

READ APPLICATION THOROUGHLY BEFORE ANSWERING QUESTIONS

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Present Address:** **Permanent Address:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Telephone (home):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Cell):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM INFORMATION:**

Program: Entry-Level Dental Assisting Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Length: 134 hours Anticipated Completion Date: \_\_\_\_\_\_\_\_\_\_\_

**(Specified in clock hours) – 10 weeks**

Credential: Certificate

**TUITION AND FEES:**

All students enroll for a complete program and pay tuition for the complete program prior to entrance unless other arrangements have been made. Tuition includes books and supplies:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course** | **Tuition** | **Registration**  **Fee** | **Administration**  **Fee** | **Books/**  **Supplies** | **Total** |
| Dental Assisting | $2,850 | $100.00 | $100.00 | $200.00 | $3,250.00 |

**METHODS OF PAYMENT**

* Full payment at time of signing enrollment agreement.
* Registration fee at the time of signing enrollment agreement with balance paid prior to starting date
* Registration fee at time of signing enrollment agreement with balance paid prior to graduation by a payment plan.

**TUITION PAYMENTS:**

To assist students who are financially not capable of paying the full tuition up front, the school will offer an interest fee easy installment plan. These terms are available to all students who need assistance. The plan will consist of three (3) installments:

1st installment upon enrollment - $1080.00

2nd installment on the 4th week of class - $1080.00

3rd installment on the 8th week of class - $1090.00

**Total Payment $ 3,250.00**

**LATE PAYMENTS:**

Installment payments not received 10 days after the due date shall incur a five percent (5%) penalty of the amount due in addition to the $50.00 late fee.

All prices for the 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:

1. Cancellation can be made in person, by electronic mail, or by Certified Mail.

2. All monies will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the enrollment agreement and making initial payment.

3. Cancellation after the third (3rd) Business Day, but before the first class, results in a refund of all monies paid with the exception of the administration & registration fee not to exceed $150.

4. Cancellation after attendance has begun, but prior to 40% completion of the program, will result in a Pro Rata refund computed on the number of hours completed to the total program hours.

5. Cancellation after completing 40% of the program will result in no refund.

6. Termination Date: In calculation the refund due to a student, the last date of actual attendance by the student is used in the calculation unless earlier written notice is received.

7. Refunds will be made within 30 day soft termination of student's’ enrollment or receipt of Cancellation Notice from student

***The failure of a student to notify the director in writing of withdrawal may delay refund of tuition.***

**WITHDRAWAL PROCEDURE**

1. A student choosing to withdraw from the school after the commencement of classes is to provide written notice to the Director of the school. The notice is to indicate the expected last date of attendance and be signed and dated by the student.
2. For a student who is on authorized Leave of Absence, the withdrawal date is the date the student was scheduled to return from the Leave and failed to do so.
3. A student will be determined to be withdrawn from the institution if the student has not attended any class for 12 consecutive class hours
4. All refunds will be issued within 30 days of the determination of the withdrawal date. **(less the $150.00 administration & registration fee)**.

**BOOKS AND SUPPLIES**

There is no refund for any equipment, books and supplies received by the student. Fees for books and supplies are **subject to cost change.**.

**Refunds** will be issued within 30 days of the date of student notification, or date of school determination (withdrawn due to absences or other criteria as specified in the school catalog), or in the case of a student not returning from an authorized Leave of Absence (LOA), within 30 days of the date the student was scheduled to return from the LOA and did not return.

**Special Cases:** In case of prolonged illness or accident, death in the family, or other circumstances that make it impractical for the student to complete the program, the school may make a settlement which is reasonable and fair.

**Holder in Due Course Statement**:

Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds, hereof Recovery hereunder by the debtor shall not exceed amounts paid by the debtor (FTC Rule effective 5-14-76).

**CLASS SCHEDULE**

Classes are offered either on Saturdays from 9:00 am until 5:00 pm (includes a 30-minute lunch break) or on Wednesday and Thursday evenings from 5:00 pm until 9:00 pm.

**SCHOOL CALENDAR 2020**

**Winter Spring**January 12th- March 16thApril 6th - June 8th **Summer Fall** June 17, 2020 September 2nd 2020

**GROUNDS FOR TERMINATION**

I agree to comply with the rules and policies and understand that the School 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 the School reserves the right to modify the rules and regulation, and that I will be advised of any and all modifications

**Student Initial: \_\_\_\_\_\_\_\_**

**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 examination with a 75% average and satisfy all financial obligations to the School.

**Student Initial: \_\_\_\_\_\_\_\_**

**EMPLOYMENT ASSISTANCE**

I understand that the School has not made and will not make any guarantees of employment or salary upon my graduation. The School 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.

**Student Initial: \_\_\_\_\_\_\_\_**

**ACKNOWLEDGEMENT**

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

**Student Initial: \_\_\_\_\_\_\_\_**

NOTICE TO PROSPECTIVE STUDENTS: DO NOT SIGN THIS CONTRACT BEFORE YOU HAVE READ IT OR IF IT CONTAINS ANY BLANK SPACES. ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG.

**CONTRACT ACCEPTANCE:**

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed 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. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by Dental Assisting Academy of Central Florida, LLC.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signed this \_\_\_\_\_\_\_day of\_\_\_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dental Assisting Academy of Central Florida Date

Signature of School Official

Representative’s certification: I hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_