

TODAY'S DENTIST

ASSISTING SCHOOL

7450 Richmond Road
Williamsburg, Virginia 23188
757-778-7444 Phone F: 757-564-0819 Fax
TodaysDentalAssistant.net

Enrollment Agreement/Registration:

How did you hear about us?

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____

Email: _____ Social Security #: _____

Emergency Contact: _____

Relationship: _____ Telephone: _____

Program Information:

Potential Start Date: _____

Classes to begin promptly at 8:00AM with one hour for lunch and afternoon classes will end at 5:00PM.

Lecture will be conducted each morning and continue with clinical sessions after lunch. Your Program includes the following:

Course workbook and textbook, dental scrubs, lab fees, dental radiology safety certification and CPR certification.

8:00am	- 12:00pm	Lecture
12:00pm	- 1:00pm	Lunch
1:00pm	- 5:00pm	Clinical

This course will run ten (10) consecutive weeks and one exam day, eight classroom hours per week for a total of eighty (80) classroom hours of instruction. This will include lecture material as well as clinical "hands on" training. In addition, there is approximately 60 hours of home study plus a voluntary 10 hours of "practical" on-the-job training. This constitutes for a total of approximately 155 course work hours. This course has no transferable credits.

Tuition:

Total Cost of Today's Dentist Assisting School Course: \$4900.00 -tuition is all-inclusive

Initial Deposit: \$100.00 (deposit is non-refundable)

Down Payment: \$1500.00

Remaining Balance: \$3300.00 (Students may elect to spread payments out over time, with installments of \$330 per week, prior to the start of each class week.

Final payment will be made on last day of instructional class. If tuition is not paid in full, the student may not sit for the final exam.)

Refunds And Cancellations:

A graduation certificate and letter of recommendation will only be awarded to those students attaining a 70% or above grade average. Those students whose grade average is below 70% will not receive a certificate but will be allowed to retake the entire course (if desired) at a reduced fee of \$2450.00

Rejection: An applicant rejected by the school is entitled to a refund of all monies paid.

Three-Day Cancellation: An applicant who provides written notice of cancellation prior to the start of the course is entitled to a refund of all monies paid, excluding the \$100.00 non-refundable initial deposit.

Other Cancellations: Those wishing to cancel for personal reasons or illness, may resume their course of study in the next class series, with no penalty, and may repeat the already completed sessions if desired.

Timely Refunds Payments: Refunds shall be paid within 30 days after the effective date of termination.

Last day to cancel for a refund with written notice: _____

Student Grievance Policy:

Any student who has a grievance with the school or an instructor should first discuss the problem with the instructor or the school director. If a resolution is not reached, the student should make a written complaint and submit it to the school director asking for a written response.

When a satisfactory resolution of the problem is not obtained, the student may contact:

State Council of Higher Education for Virginia (SCHEV)

James Monroe Building, 9th Floor 101 North 14th Street

Richmond, VA 23225

Phone: (804) 225-2600 Fax: (804) 225-2604

Students will not be penalized by unfair action/treatment because of the initiation of a complaint.

Contract Acceptance:

I, the undersigned, have read and understand this agreement and acknowledge access to an electronic or printed copy of the school catalog. 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 Today's Dentist Assisting School.

I understand that this is a legally binding agreement. My signature below certifies that I have read, understood, and agreed with my rights and responsibilities. Further, I certify that I understand the cancellation and refund policies and I understand and agree to these policies.

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

Student Signature: _____

Date: _____

School Official Signature: _____

Date: _____

Payment Options:

- I have enclosed a check or used a credit card to pay the tuition in full \$4900.00.
- I have enclosed a check or used a card to pay \$100.00 for my initial deposit and I will be making my down payment of \$1500.00 **before** first day of instructional class.
- I authorize "Today's Dental Assisting School" to keep my signature on file and to charge my credit card \$1500.00 for my initial down payment and authorize automatic payments of \$330.00 each week for 10 weeks.
- Financial Aid Documentation has been submitted and approved.
(Please circle one: Workforce Development - MYCAA)

Credit Card Information:

- Visa Master Card American Express Care Credit Discover

Cardholder Name: _____

Cardholder Billing Address: _____

Credit Card Account Number: _____

Expiration Month: _____ Expiration Year: _____

By signing below, I authorize Today's Dentist Assisting School to run my credit card for tuition: Initial deposit, down payment and weekly payments.

Student Signature: _____ Date: _____

For additional questions please contact us at 757-778-7444 or visit www.TodaysDentalAssistant.net.



Certified to operate through SCHEV.