



ENROLLMENT AGREEMENT

Entry Level Dental Assisting Program

LAST NAME: _____ FIRST: _____ MI: ____		
ADDRESS: _____		
CITY _____		
STATE _____ ZIP _____		
HOME PHONE _____	CELL _____	WORK _____
DATE OF BIRTH: _____		SEX: M / F
EMAIL ADDRESS: _____		
I have already had the Hepatitis B Vaccine Series		YES ____ NO ____
CLASS DATE: _____		
How did you hear about our school?		

Program Information (School Only)

Program Title: Dental Assisting Program Length: 10 Weeks Clock Hours: 120 hours
 Class Schedule () Day Classes () Evening Classes

Hours per Week: 8 Hours Start Date _____ Anticipated Ending Date _____

Tuition	\$ 2445.00
Registration Fee	\$ 150.00
Materials	\$ 160.00*
PPE Infection Control fee	\$ 15.00*
Total Price	\$ 2770.00

*These items must be purchased prior to class and are not included in the in-house financing.
 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 Dental Assisting Institute, Inc. ("DAI").

Methods of Payment

- Full payment at time of signing enrollment agreement.
- Down Payment of \$550 paid (includes registration fee). Remaining balance paid in full at the time of signing enrollment agreement or balance paid prior to class starting date.
- Down Payment of \$550 paid (includes registration fee). Remaining balance paid prior to graduation via the in-house payment plan payment plan.

Down Payment <small>(Note: Textbook/Workbook & PPE \$175 are not included in-house Financing. They are due prior to first class.)</small> \$550.00	Finance Charge \$ 155.00	Amount Financed <small>The dollar amount the credit provided to you or on your behalf.</small> \$ 2,045.00	Total of Payment <small>The amount you will have paid after you have made all payments as scheduled.</small> \$ 2,200.00	Total Tuition Only <small>The total cost of your tuition on credit including your down payment of \$550 and finance charge.</small> \$ 2750.00
Your payment schedule will be \$2200.00 (155.00 + 2045.00)				
Number of payments	Amount of each payment	When payments are due: Weekly on or before first night of class.		
10	\$ 220.00	Beginning on or before the first day of class on the same day each week.		

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:

1. Cancellation of enrollment can be made via e-mail to info@dai-fl.com, in person, by US Postal Service Certified Mail, or by termination.
2. All monies will be refunded if the school does not accept the applicant or if the student cancels within (3) three business days (excluding Saturdays, Sundays and legal holidays), after signing the Enrollment Agreement and making initial payment.
3. Cancellation after the third (3rd) business day, (excluding Saturdays, Sundays, and legal holidays), but before the first class of the session you enrolled in, will result in a refund of all monies paid, with the exception of the registration fee, \$150.00.
4. Cancellation after the session has begun, but prior to 40% completion of the program, will result in a prorated refund computed on the number of hours completed as compared to the total hours.
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 date of actual attendance by the student is used in the calculation of refund unless earlier written notice is received by the school.
7. Refunds will be made within thirty (30) days of termination of student's enrollment or receipt of cancellation notice from student.
8. A student's enrollment can be terminated at the discretion of the governing board of DAI 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 DAI 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 DAI 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 DAI reserves the right to modify the rules and regulations, 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 as set forth in the Catalog. If they do not pass the test on the second attempt 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 Dental Assisting Institute.

EMPLOYMENT ASSISTANCE

I understand that Dental Assisting Institute has not made and will not make any guarantee of employment or salary upon my graduation. Dental Assisting Institute 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 Dental Assisting Institute 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.

**Dental Assisting Institute 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 DAI's 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 (5) 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.
6. I understand that I must purchase my own scrub uniform, textbook, and workbook before the first day of class.

Student Signature

Date

Signature of School Official

Date

TEXTBOOK & WORKBOOK

The textbook and workbook for the class may be purchased from DAI or online before the start of class. Currently we are using Torres and Ehrlich Modern Dental Assisting/Bird & Robinson. The cost of the textbook, workbook, and CPR card is \$160.00, non-refundable.

PPE INFECTION CONTROL FEE

Due to the high cost of Personal Protective Equipment (PPE) and infection control resulting from COVID-19, there is a \$15.00 non-refundable fee.

POST GRADUATION HOURS

Upon completion of the program and in order to receive the Florida Dental Assisting Certifications each student will be required to complete a minimum of 3 months (200 hours) on the job training in a dental office, either as an internship or entry level dental assisting position. Once the minimum 3 months (200 hours) have been completed, and the dentist signs a verification form, the student will be granted two Florida Dental Assisting Certifications: Expanded Functions Dental Assistant Certification and Dental Radiography Certification.

10 week in-class program

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40 hour practicum (in-office observation)

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Certificate of Completion of Program

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3 months (200 hours) on the job training as internship or entry level dental assisting position

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Florida EFDA and X-ray Certifications (included in fee)

CPR Certification- 2 year American Heart Association (included in fee)



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 10 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. More than two absences will result in termination from the program with no refund. If a test day is missed the student will need to schedule a separate time to retake the test and a \$50 test fee will be required. 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 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 four 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 the student may be readmitted to the following class with a \$150 registration fee and if the problem is or can be resolved.

Student

Date

Instructor



CLASSROOM RULES

This is a fast-paced curriculum and requires the cooperation of every STUDENT to make it successful for all. The rules that follow are designed to reduce distractions in the classroom and to get you used to working in a dental office atmosphere. No exceptions will be considered. We appreciate your cooperation.

- Respect yourself and respect others. If you are disruptive or uncooperative during class, you will be asked to leave and it will be counted as an unexcused absence. NO EXCEPTIONS!
- No snacking/drinks during class. However, you may bring a snack and beverage to access during your short break. Please CLEAN UP after yourself.
- No cellphone usage during class. Phones must be on silent and put away. Violators will have phone taken away until the end of class.
- Fingernails must be average length. Nothing beyond one-half inch is considered appropriate. Solid color polish or French style.
- No facial or tongue jewelry should be worn during class.
- Appropriate footwear includes tennis shoes or clogs.
- Appropriate dress is limited to black scrubs only.
- Hair must be pulled away from the face and secured up off the neck.
- Students must sign in attendance log to be considered present you be considered tardy if you arrive more than 15 min after class start time. Two tardies will be considered an absence.
- No Smoking on premises.
- Homework will be checked off by the Instructor at the beginning of class.
- No recording devices or videos allowed.
- Models can be taken home to study/practice for a \$50 deposit that is fully refundable when returned.
- OSHA and CPR are taught on the same night. All students MUST attend even if they are CPR certified.
- Students if going to be absent must inform the teacher prior to class by text and email admin office at info@dai-fl.com. If miss than two classes will you will be put on probation and if miss more than two classes will be terminated from program.

Signature _____ Date _____



Photographic / Media Consent Form

INFORMATION

I hereby consent to the collection and use of my personal images by photography or video recording.

I acknowledge these may be used on the Dental Assisting Institute website, or on Face book site.

I understand that no personal information, such as names, will be used in any publications unless express consent is given.

I also understand that my consent can be withdrawn at any time just let us know.

CONSENT FORM

I _____
Name of person giving consent or parent/guardian if under 18 years of age

Consent to the use of photographs or video footage for use on the DAI website, or on DAI Face book page.

I further understand that this consent may be withdrawn by me at any time, upon written notice.

I give this consent voluntarily.

Signature

Signature of parent/guardian < 18

Date ..._____