

ENROLLMENT AGREEMENT: (INSTALLMENT)

Dental Careers of the North Shore
231 Salem Street, MA. 01907
T# 781-789-6640
www.dentalcareersnorthshore.com

Student Name: _____ Phone: _____

Address: _____ Email: _____

Course Name: 10 WEEK DENTAL ASSISTING CERTIFICATE PROGRAM

Entrance Requirements: **Student must be able to read and write English at 5th grade level and be at least 18 years or have a guardian give permission to take the class.**

Clock Hours: **(8 Hours per week for 10 weeks)** Total Clock: **80 Hours**

Period beyond which late registration will not be accepted: **After the first class has been completed**

Date Program or Course (Check One) Begins: __/__/__

Date Program or Course (Check One) Ends: __/__/__

Tuition Fee:	\$2,195	
Books:	\$0.00	
Supplies:	\$0.00	
Application Fee:	\$100.00	REFUNDABLE
Total Charges:	\$2,295.00	

Installment payments: \$845.00 down payment is due on the first class. The remainder is paid week # 2 – week # 10 with weekly installments of \$150.00 per week

Estimate of Additional Expenses To Be Incurred By Student: **Student needs to purchase on pair of scrubs.**
Radiology Certification Program given at other University – Fee: **\$225.00**

Student’s Method of Payment:

Cash
 Check Federal or State Payment
 Credit Card (MC/VISA)

REFUND POLICY: (AS PER M.G.L. CHAPTER 255, SECTION 13K)

1. You may terminate this agreement at any time.
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program.
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7.
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
5. If you terminate the this agreement during the second quarter of the program, you will receive a refund of at least fifty percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
6. If you terminate the this agreement during the third quarter of the program, you will receive a refund of at least twenty five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.

7. If you terminate the this agreement after the initial five day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day, such writing is mailed.
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.

Administrative Costs Equal: (\$50)

I have been provided a copy of the school's catalogue and policies in a manner of my choosing and I am initialing my choice:

hard copy send via email

I will download the catalogue and policies from school's website www.dentalcareersnorthshore.com

Students Initials:

I understand this contract will not be in force and effect until signed by both myself and a school representative.

I have received a copy of the school's complaint procedures policy.

I understand the refund policy as stated above.

I understand that coursework and/or credit from this school may not be transferable to other institutions of education and acceptance is at the discretion of the receiving institution.

This school is licensed by the Division of Private Occupational School Education, Division of Professional Licensure. Any comments, questions, or concerns about this school's license should be directed to Occupational.Schools@state.ma.us or 617-727-5811.

Students Signature: _____ Date: _____

Print Students Name: _____

If the Student is under the age of 18

Parent or Guardian: _____ Date: _____

Print Parent or Guardian Name: _____

School Officials Signature: _____ Date: _____

Print School Officials Name: _____

I, the student, have received a completed and signed copy of this agreement on date: _____
_____ (student's initials)