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ENROLLMENT AGREEMENT
Dental Assistant Front Office

PLEASE PRINT OR TYPE

Applicant Legal Name _____
 (First) (Middle) (Last)
 Social Security # _____ - _____ - _____ Date of Birth _____ - _____ - _____ Driver's License / ID No. _____
 Cell # : (_____) _____ - _____ Secondary #: (_____) _____ - _____ E-Mail _____
 Address _____ City _____ State _____ Zip _____
 Emergency Contact Name: _____ Emergency Contact Cell#: _____

EDUCATIONAL PROGRAM

Title and Length of Educational Program	Total Institutional Charge for the Educational Program
<i>Weeks in the program may not be consecutive. You will be provided a class schedule for the course at the time of enrollment.</i>	
Dental Assistant Front Office 70 Hours / 10 Weeks	

Program - Start Date: _____ Program Scheduled Completion Date: _____

Students are required to have a laptop to participate in this program. *Initial, as understood:* _____

PAYMENT

TOTAL DUE UPON ENROLLMENT: \$ _____ TOTAL DUE FOR THE ENTIRE PROGRAM: \$ _____

Total tuition and fees, as applicable are due prior to the start of the program.

Method of payment may be: check, cash, debit, Visa, MasterCard, American Express and Discover credit cards.

Title of Educational Program	1 st Installment Due Upon Enrollment	2 nd Installment Due the 1 st Week of the Program	3 rd Installment Due the 4 th Week of the Program	4 th Installment Due the 8 th Week of the Program
Dental Assistant Front Office	\$ _____			

LATE PAYMENTS: Installment payments not received 10-days after the due date shall incur a five percent (5%) penalty of the amount due.

Method of payment may be: check, cash, Care Credit and credit cards. If student wishes to use Care Creditor credit cards, the student will be responsible to pay any and all interest and fees for this payment method directly to these providers.

If I default upon this agreement I understand I will be responsible for payment of any collection fees or attorney fees incurred by Fullerton Dental Assistant School and any remaining balance owed.

AGREEMENT DEFAULT

BE SURE TO READ ALL PAGES OF THIS AGREEMENT. IT IS PART OF YOUR CONTRACT WITH THE SCHOOL.
 Revision Date: March, 2022 Page 1 of 3 _____ (Initial)

If student defaults upon this agreement, student will be responsible for the remaining balance owed after all discounts and adjustments have been revoked from account and all original course charges have been reinstated. In addition, student will be responsible for any collection fees or attorney fees incurred by Fullerton Dental Assistant School. Full remaining balance must be paid within ten business days of the day the student defaulted. (Initial) _____

ADDITIONAL FEES, IF APPLICABLE

- Student must provide a written request for duplicate or replacement if the original certificate of completion is lost or misplaced after the first copy is provided.
- If you are requesting a duplicate or replacement certificate for Infection Control or Dental Practice Act courses, be advised these courses must be renewed within five years of application of a Registered Dental Assistant License. Renewal is required every two years for Registered Dental Assistants.
- A fee of \$45.00 for a duplicate copy of each certificate will be charged if the original is lost or misplaced or the student requests a name correction and/or change that can be verified.
- The normal processing time for CE certificates is 2-3 weeks after all necessary documents have been received from the student. Any student requesting a "rush" certificate to be provided less than two (2) weeks of the normal processing time will be assessed an additional fee of \$75.00.
- Replacement book(s) after first copy provided for Dental Assistant and Dental Assistant Front Office :\$300.00
- Replacement book(s) for Continuing Education Courses: \$150.00 per course.

For Registered Dental Assistant (RDA) Written Review course applicants:

If you wish to purchase a book (original/new) versus borrowing a book, the cost is \$250.00. Payment is due when the book is issued. All book purchases are non-refundable. If you are declining a book purchase for the course, please initial. **Initial:** _____

REFUND POLICY

CHANGE OF COURSE START DATE/CANCELLATION

Fullerton Dental Assistant School reserves the right to reschedule the program start date when the number of the students scheduled is too small. If the student does not wish to start on the new start date, a full refund of all tuition and fees will be returned.

- Upon receipt of written cancellation of Dental Assistant Program, at least twenty one days prior to the program start date, the student will receive a refund less a \$611.25 registration/cancellation fee. All discounts/adjustments will be revoked from account and all original course charges will be reinstated. (Initial) _____
- Written cancellations received less than twenty one days prior to a course start date will not receive a refund.
- Cancellation/withdrawal is only accepted in writing and is valid once written notification is received by school administration.

WITHDRAWAL

If the student chooses to withdraw after starting the program or is withdrawn by Fullerton Dental Assistant School, the student will not receive a refund of any type. If a student does not attend and/or misses any day of the Continuing Education classes, the student must pay the fee to retake the Continuing Education class to be able to continue and to receive their certificate. Students must meet all Continuing Education Courses requirements. Student will have ten days from the withdrawal date to pay their balance in full.

Fullerton Dental School reserves the right to discontinue or terminate any students' training for failure to maintain satisfactory academic progress; failure to abide by the rules and regulations of the institution; absences or tardiness in excess of maximum set forth by the institution; and/or failure to meet financial obligations to the School.

UNDERSTANDINGS

1. Any dishonesty or falsification of records will result in dismissal and will be reported to the Dental Board of California.
2. The student cannot advertise our school on craigslist or any other website to get patients to practice on or to take their final exam.
3. Fullerton Dental Assistant School is not required to and does not provide **Form 1098-T** or any similar statements. Institution's required to provide the information must be eligible to participate in the Department of Education's programs. Fullerton Dental Assistant School does not participate in any Department of Education programs.
4. While Fullerton Dental Assistant School will assist graduates in developing job search skills. Fullerton Dental Assistant School cannot and does not guarantee the student will find employment nor does it guarantee the student will realize a given salary following graduation.
5. For female students, if you are pregnant or think that you might be, you must inform us immediately and provide a medical release from your obstetrician for your safety.
6. If you have a medical condition a medical release from your physician will be required for your safety.

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Revision Date: March, 2022 **Page 2 of 3** _____ **(Initial)**

My signature below certifies that I have read and agree with the Understandings above.

Signature of Student

Date

Photograph Release

I, _____ give my permission to Fullerton Dental Assistant School to use my photograph(s) for any lawful purpose, including such purposes as publicity, illustration, advertising, teaching, web content and social media marketing.

Initial, if permission is granted: _____

Graduation

A student will be eligible for graduation upon passing all course requirements with a minimum score of 75%, completing 200 internship hours and satisfying all financial obligations four weeks prior to graduation. Initial, as understood: _____

I hereby acknowledge receipt of the **Fullerton Dental Assistant School** Policy Handbook. The Policy Handbook is included as a part of this enrollment agreement, and I acknowledge that I have received a copy and had time to review prior to signing this enrollment agreement.

THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE NOT SUBJECT TO AMENDMENT OR MODIFICATION BY ORAL AGREEMENT. I, THE UNDERSIGNED PURCHASER OF THE PROGRAM OF TRAINING, HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS CONTAINED HEREIN AND WITH MY SIGNATURE I CERTIFY HAVING RECEIVED AN EXACT COPY OF THIS AGREEMENT. I FURTHER ACKNOWLEDGE THAT NO VERBAL STATEMENTS HAVE BEEN MADE CONTRARY TO WHAT IS CONTAINED IN THIS AGREEMENT. **THIS ENROLLMENT AGREEMENT IS A LEGALLY BINDING INSTRUMENT WHEN SIGNED BY THE STUDENT AND ACCEPTED BY THE SCHOOL.**

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Student Signature

Date

School Director Signature

Date