

DENTAL CAREERS FOUNDATION

373 West Drake Rd., Ft. Collins, CO 80526
(970) 215-0019 or (970) 223-0424

Approved and Regulated by the Colorado Department of Higher Education
Private Occupational School Board

ENROLLMENT CONTRACT DENTAL ASSISTING COURSE

General Information

Date_____

Student's Name _____ Address _____

City, State Zip Code _____

Social Security Number _____ Home Phone _____ Work Phone _____

Program/Course Data

Program/Course Dental Assistant Days Saturday Total Hours 80 Hours - 10 weeks

Start Date _____ Education Credential Certificate Type of Instruction Classroom/Clinic

Tuition & Fees

Tuition \$2800.00 Books/Supplies/Equipment \$200.00 (non-refundable)

Total Cost of Program \$3000.00

(subject to cost change in books, supplies, equipment)

Schedule of Payments

Down Payment \$ 1000.00/\$ 1250.00 Date _____

Class 1	<u>\$200.00/\$175.00</u>	Date _____	Class 6	<u>\$200.00/\$175.00</u>	Date _____
Class 2	<u>\$200.00/\$175.00</u>	Date _____	Class 7	<u>\$200.00/\$175.00</u>	Date _____
Class 3	<u>\$200.00/\$175.00</u>	Date _____	Class 8	<u>\$200.00/\$175.00</u>	Date _____
Class 4	<u>\$200.00/\$175.00</u>	Date _____	Class 9	<u>\$200.00/\$175.00</u>	Date _____
Class 5	<u>\$200.00/\$175.00</u>	Date _____	Class 10	<u>\$200.00/\$175.00</u>	Date _____

Student Signature _____ Date _____

Course Director _____

REFUNDS AND CANCELLATIONS

- The student may cancel this contract at any time prior to midnight of the third business day after signing this contract.
- A full refund will be made of all deposits or payments if cancellation is made before the start of the first class.
- After the first class but prior to the second class, all but \$ 480.00 will be refunded. (\$280.00 of the tuition and the current textbook, supplies, equipment charge)
- For cancellations Class 2 through 5, refunds will be made per the following schedule:
 - After Class 2 - 60% less \$200.00 (or current charge) for books, etc.
 - After Class 3 - 40% less \$200.00 (or current charge) for books, etc.
 - After Class 4 - 20% less \$200.00 (or current charge) for books, etc.
 - After Class 5 - No refunds will be made.
- Those wishing to cancel for illness or personal reasons may resume their course of study in the next class series with no penalty but no refunds will be made at time of termination.
- Cancellation refunds will be made within 30 days with proper information provided by student.
- The official date of termination or withdrawal will be determined in the following manner.
 - The date on which the school receives notice of the student's intention to discontinue the training program,
 - Or
 - The first date the student does not appear at class,
 - Or
 - The date the school terminates the student.
- A full refund will be made if the school discontinues educational services or changes the starting date of the course.

Complaints may be made to the Division of Private Occupational Schools via mail or online at www.state.co.us/dops.
(must be made within two years of student's last attendance date)

By signing this contract, the student agrees to pay *DENTAL CAREERS FOUNDATION* hereafter referred to as the school, the total stated tuition & fees. The school agrees to provide the occupational training in accordance with the provisions of Catalog, Volume 1, Number 4, 2005 ("the catalog") Payment of all monies due shall be a condition of continuing enrollment. Upon satisfactory completion of all academic and skill requirements and when all financial obligations to the school have been met the school will award the Certificate of Completion to the student. The student and school understand that this enrollment agreement, which includes the refund policy may not be amended except in writing signed by both parties.

Student Signature _____ Date _____
Course Director _____

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