

GREEN STREET DENTAL CAREER INSTITUTE
150 SOUTH GREEN STREET • NAZARETH, PA • 18064
(610)746-3616

ENROLLMENT AGREEMENT
COURSE TITLE:
DENTAL ASSISTANT TRAINING

This program is divided into both day and evening classes, contained within 10 weekly sessions, totaling 80 hours. The current cost of the semester is \$1750.00. A \$150.00 registration fee is required at the signing of this agreement. Any changes in tuition will be included in the student handbook for each semester. Books and supplies are not included in the tuition. Refer to page 8 of the student handbook for costs of books and supplies.

The tuition may be paid by using any one of the following options. For your convenience, we accept Visa, MasterCard, Discover, Cash or Check. (No financial aid available)

- \$1900.00 when applying
- \$150.00 when applying and \$1750.00 at the first class
- \$150.00 when applying and \$437.50 at each of the first four weekly classes
- \$150.00 when applying and \$218.75 at each of the first eight weekly classes

The registration fee is fully refundable if the student requests cancellation within 5 calendar days after signing this agreement. If a student withdraws from the course:

- A full refund will be made if the student withdraws prior to start of class
- A 90% refund will be made if the student completes up to and including eight hours of class and then withdraws
- A 55% refund will be made if the student completes more than eight hours but less than 20 hours of class then withdraws
- A 35% refund will be made if the student completes more than 20 hours but less than 40 hours of class then withdraws
- No refund will be made if the student completes more than 40 hours of class then withdraws

Students who are dismissed from the school will be governed by the refund policy set forth in this agreement or the latest student handbook.

The student must satisfactorily complete all academic and tuition requirements before receiving the certificate award for the completion of the program. The school is relieved and released of all claims by the student that may arise as a result of the school's failure to perform hereunder as a result of an Act of God, or any other matter beyond the control of the school. The school may cancel a program for insufficient enrollment.

Students who wish to file a grievance must present a written complaint to the School Director. Grievances may also be directed to the State Board of Private Licensed Schools, Department of Education, 333 Market Street, Harrisburg, PA. 17126-0333

I would like to enroll in the eighty hour, ten week DENTAL ASSISTING TRAINING program. I have selected the following payment plan for Day Class beginning _____ or Evening Class beginning _____.

- \$1900.00 enclosed or charge on my credit card listed below
- \$150.00 enclosed or charged on my credit card listed below and I will pay \$1750.00 at the first class
- \$150.00 enclosed or charged on my credit card listed below and I will pay \$437.50 at each of the first four weekly classes
- \$150.00 enclosed or charged on my credit card listed below and I will pay \$218.75 at each of the first eight weekly classes

Please make checks payable to: **GREEN STREET DENTAL CAREER INSTITUTE**

Payment Amount \$ _____

Method of Payment

MasterCard Visa Discover Check Cash

Credit Card # _____ Exp. Date: _____

(PLEASE PRINT)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

Please return entire agreement with payment option no later than one week prior to start of class to guarantee your place.

This agreement is not binding until it is accepted by a school representative.

Student Signature: _____ Date: _____

School Representative: _____ Date: _____