Regency Dental Institute LLC

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**ENROLLMENT AGREEMENT**

**STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBERS: H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STUDENT ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM INFORMATION**

DATE OF ADMISSION: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PROGRAM / COURSE NAME: Dental Assisting

DESCRIPTION OF PROGRAM / COURSE: Dental Assisting Program. Each student will be trained in all aspects of general four handed dental assisting including but not limited to infection control and hazardous materials, dental and maxofallical anatomy, CPR, dental radiography, preventive care, dental laboratory procedures, impression taking and job search.

PREREQUISITE COURSES & OTHER REQUIREMENTS FOR ADMISSION TO PROGRAM / COURSE:

None

PROGRAM / COURSE OBJECTIVES: Our objective is to prepare student for career opportunity in the clinical dental assisting field. Our program is designed to train the student in every aspect of general dental assisting. Our state of the art facility that we provide is intended to train students in basic fourhanded dentistry, intraoral radiography and laboratory procedures. Each student will receive a certificate of completion on the last day of class.

**PROGRAM INFORMATION (CONTINUED)**

PROGRAM START DATE: TBD SCHEDULED END DATE: TBD

PART-TIME BOTH DAY EVENING

DAYS/EVENINGS CLASS MEETS: Fridays

TIME CLASS BEGINS: 9:00 AM TIME CLASS ENDS: 4:00PM

NUMBER OF WEEKS: 13 Weeks TOTAL CREDIT or CLOCK HOURS: 100 Hours

**CONSUMER INFORMATION**

* The number of students who were admitted in the program as of July 1 of that reporting period. **2**
* The number of additional students who were admitted in the program during the next 12 months and classified in one of the following categories: new starts, re-enrollments, and transfers into the program from other programs at the school. **0**
* The total number of students admitted in the program during the 12-month reporting period. **2**
* The number of students enrolled in the program during the 12-month reporting period who: transferred out of the program and into another program at the school, completed or graduated from a program, withdrew from the school, and are still enrolled. **2**
* The number of students enrolled in the program who were: placed in their field of study, placed in a related field, placed out of the field, not available for placement due to personal reasons, and not employed. **Students placed in field 2**
* The number of students who took a State licensing exam or professional certification exam, if any, during the reporting period, as well as the number who passed. **0**
* The number of graduates who obtained employment in the field who did not use the school’s placement assistance during the reporting period (pending reasonable efforts to obtain this information from graduates) **0**
* The average starting salary for all school graduates employed during the reporting period (pending reasonable efforts to obtain this information from graduates). **$35,000**

**ENROLLMENT REQUIRMENTS**

Each student must be 18 years of age or 17 years of age with a parent and school permission. The registration fee must be paid and financial arrangements for the cost of tuition must be made 24 hours before the first class start date.

**FINANCIAL AID**

There is no financial aid option.

**TUITION & FEES**

NON-REFUNDABLE REGISTRATION FEE: $250\_\_\_

TUITION: $ 4000\_\_\_

BOOKS & SUPPLIES: $ Included

Uniforms $ Included

TOTAL COST FOR DENTAL ASSISTING PROGRAM / COURSE: $ 4250

**TUITION-** Tuition for the 6 week dental assisting course is $4000. There is also a registration fee of $250 for a total of $4250. All equipment, uniforms, books and supplies will be provided Regency Dental institute at no extra charge to the student. Cash, Check or credit card payments are acceptable methods of payment for tuition. Tuition is due before orientation date and payment arrangements must be made 24 hours before the 1st class day.

**REFUND / CANCELLATION POLICY**

***REFUND POLICY-*** Student registration fees are not refundable. Full tuition is refundable prior to 1 week before scheduled first class start date. Eighty percent of tuition is refundable if cancellation is given in less than seven days of the first class start date. No money will be refunded after first start date.

**NOTICE TO STUDENT**

* Do not sign this agreement before you have read it or if it contains any blank spaces.
* This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school’s principal place of business. Read all pages of this contract before signing.
* You are entitled to an exact copy of the agreement and any disclosure pages you sign.
* This agreement and the school catalog constitute the entire agreement between the student and the school.
* Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student’s parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
* The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.
* Regency Dental Institute LLC is not accredited with the US department of Education.

**STUDENT’S RIGHT TO CANCEL**

The student has the right to cancel the initial enrollment agreement until Midnight (12:00am) of the 7th business day after the student has been admitted. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund on all monies paid to date within 7 days of cancellation. Cancellation should be submitted to the authorized official of the school in writing.

**STUDENT ACKNOWLEDGMENTS**

* I hereby acknowledge receipt of the school’s catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

**Student Initials** \_\_\_\_\_\_

* I have carefully read and received an exact copy of this enrollment agreement.

**Student Initials** \_\_\_\_\_\_

* I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

**Student Initials** \_\_\_\_\_\_

* I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

**Student Initials** \_\_\_\_\_\_

* I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, [school name] must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.

**Student Initials** \_\_\_\_\_\_

* I understand that the school does not guarantee job placement to graduates upon program completion.

**Student Initials** \_\_\_\_\_\_

* I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333, Springfield, IL 62701 or at [www.ibhe.org](http://www.ibhe.org/).

**Student Initials** \_\_\_\_\_\_

The student acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director's Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_