

## **ENROLLMENT AGREEMENT**

for entry into the Dental Assisting Program at  
**VANCOUVER DENTAL ASSISTING SCHOOL**  
7604 NE 5<sup>th</sup> Ave., Vancouver, WA 98684  
(360) 521-1414

This enrollment agreement is between the above named school and:

Student Name \_\_\_\_\_ D.O.B. (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_

Contact phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

City State Zip

Enrollment Date:

\_\_\_/\_\_\_/\_\_\_

**Program Name: Dental Assisting Program** Start Date: \_\_\_/\_\_\_/\_\_\_\_\_ Completion Date: \_\_\_/\_\_\_/\_\_\_\_\_

The Dental Assisting program is **80 total hours**, consisting of **ten courses, 8 hours each**, given on a **weekly basis**. *This does not include Externship which is not required for completion of this course but is highly recommended.* The **total cost of the program is \$4,495.00** which includes a \$150.00 registration fee, student handbook, 1 pair of scrubs (top and bottom), and all dental materials and supplies used in lab.

Students are responsible for costs associated with licensing. As of 04/01/2016 Washington State Department of Health Charges \$90 (\$40 for Application and \$50 for Sealant Endorsement). Oregon State requires \$250 for Radiology application and \$475 for Certification Exam Fees with the Dental Assisting National Board (DANB) at the time of this publication. Be aware each state has different requirements and fees associated with Dental Assisting Licensing. Be sure to perform all due diligence prior to completing this contract.

### **Dental Assisting Course Payment Options**

- ✓ Option 1: \$4,495 at the time of registration
- ✓ Option 2: \$150 at the time of registration, \$4,395 at the first class
- ✓ Option 3: \$150 at the time of registration, \$869 payable at each of the first five classes.

Payments may be made by check, cash, major credit card, or CareCredit. Following successful completion of all academic, tuition requirements and receipt of a passing grade on each of the ten courses; each student will be awarded a diploma for the program and a letter of recommendation from Vancouver Dental Assisting School.

### **This school is licensed under Chapter 28C.10 RCW.**

Inquiries or complaints regarding this private vocational school may be made to:  
Workforce Training and Education Coordinating Board 128 – 10th Avenue  
Southwest Olympia, Washington 98504  
360-709-4600  
pvsa@wtb.wa.gov

### **AGREEMENT NOTICE:**

This agreement will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of the school prior to the time instruction begins.

**CHANGES TO AGREEMENT NOTICE:**

Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student, or student’s parent or guardian if he/she is a minor.

**CANCELLATION AND REFUND POLICY:**

1. The school must refund all monies paid if the applicant is not accepted. This includes instances where a starting class is cancelled by the school.
2. The school must refund all monies paid if the applicant cancels within five business days (excluding Sundays and holidays) after the day the contract is signed or an initial payment is made, as long as the applicant has not begun training.
3. The school may retain an established registration fee equal to ten percent of the total tuition cost, or one hundred dollars, whichever is less, if the applicant cancels past the fifth business day after signing the contract or making an initial payment. A registration fee is any fee charged by a school to process student applications and establish a student record system.
4. If training is terminated after the student enters classes, the school may retain the registration fee established under (3) of this subsection, plus a percentage of the total tuition as described in the following table:

| <u>If the student completes this amount of training:</u>          | <u>School may keep this percentage of tuition:</u> |
|---|--|
| One week or up to 10%, whichever is less                          | 10%  |
| More than one week (or 10%), whichever is less, but less than 25% | 25%  |
| 25% through 50%   | 50%  |
| More than 50%   | 100%   |

5. When calculating refunds, the official date of a student’s termination is the last day of recorded attendance:
  - a. When the school receives notice of the student’s intention to discontinue the training program; or,
  - b. When the student is terminated for a violation of a published school policy which provides for termination; or,
  - c. When a student, without notice, fails to attend classes for thirty calendar days.
6. All refunds must be paid within thirty calendar days of the student’s official termination date.

**NOTICE TO BUYER:**

Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal instrument. All pages of this contract are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign, and are required to sign a statement acknowledging receipt of those.

**CANCELLATION OF CONTRACT:**

If you have not started training, you may cancel this contract by submitting written notice of such cancellation to the school at its address shown on the contract. The notice must be postmarked no later than midnight of the fifth business day (excluding Sundays and holidays) following your signing this contract; the written notice may also be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the applicant.

**UNFAIR BUSINESS PRACTICES:**

It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student or his/her financial sponsors if he/she is a minor, and a written statement notifying all parties that the cancellation and refund policy continues to apply.

**CERTIFICATION:**

I certify that I read and understand the cancellation and refund policy and the complaint procedure; I received a copy of the school catalog and I am entitled to an exact copy of this enrollment agreement, school catalog, and any other papers I sign. I certify that all information I provided is accurate. I also acknowledge that I have received, fully read, and understand this enrollment agreement as well as the student information Catalog. By signing below, I acknowledge that no information was given to me contrary to that which is contained in the student Catalog, and that no guarantee or promise was made for employment or financial aid.

**Student:**

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Please print

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Signature

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Date

**Parent or Guardian** (if the student is under 18 years of age):

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Please print

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Signature

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Date

**Authorized School Representative:**

As the authorized representative of the school, I hereby agree to the conditions set forth herein.

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Please print

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Signature

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Date

**NOTICE OF FINANCIAL OBLIGATION- ATTACHMENT**

**Vancouver Dental Assisting School  
7604 NE 5<sup>th</sup> Ave., Vancouver, WA 98684  
(360) 521-1414**

**NOTICE OF FINANCIAL OBLIGATION**

Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under **Chapter 28C.10 RCW**. One copy of this notice bearing original signatures must be attached by the school as addenda to that individual's enrollment agreement, as well as a copy provided to the enrollee by the school.

**ACKNOWLEDGMENT BY ENROLLEE**

1. I understand and accept that any contract for training I enter into with the above named school contains legally binding obligations and responsibilities.
2. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.
3. I understand that any enrollment contract I enter into will not be binding or take effect for at least five days, excluding Sundays and holidays, following the last date such a contract is signed by the school and me, provided that I have not entered classes.

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Please print

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Signature

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Date

**ACKNOWLEDGMENT BY SCHOOL**

Prior to being enrolled in this school, the applicant whose name and signature appears above has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen occupation.

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Please print

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Signature

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Date

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