

Entry Level Dental Assistant Training Schools DATS of Florida, Inc.

At Orlando: 8701 Maitland Blvd.
Orlando, FL 32810

At Fort Myers: 7011 Cypress Terrace, Suite 101
Fort Myers, FL 33907

At Clearwater:
3690 East Bay Drive, Suite K
Clearwater, FL 33771

At Temple Terrace:
11203 North 56th Street, Suite D
Temple Terrace, FL 33617

At Ocala:
11223 N Williams St Suite C
Dunnellon Fl 34432

At Boca Raton: Dr. Carolina Steier
900 NW 13th St Suite 300
Boca Raton, Florida 33486

At Plantation: Dr. Steven Bagdanoff
1125 South University Drive
Plantation, Florida 33324

At West Palm Beach: Drs. Seth & Dari Shapiro
2247 Palm Beach Lakes Blvd, Suite 104
West Palm Beach, Florida 33409

At Bradenton:
8640 East SR 70 Suite D
Bradenton, Fl 34202

Enrollment Agreement Entry Level Dental Assisting

Toll Free Phone: 866-404-6444
Office: 941-792-9310
Fax: 941-792-9312
DATS_Fl@verizon.net
www.datsflorida.com

STEP 1: Fill in Enrollment Information

I hereby apply for enrollment in DATS of Florida, Inc., hereinafter referred to as "School." A representative has provided me with a catalog, explained the programs, terms of the Enrollment Agreement, and awarding of a Diploma on completion. I am 18 years or older.

Please check campus:

Fort Myers Orlando Clearwater TempleTerrace Bradenton Ocala
 Boca Raton Plantation West Palm Beach

Name _____ Date _____

Address _____

City _____ State/Country _____ Zip _____

Home phone [] _____ Work phone [] _____

Date of birth __/__/__ / Social Security # ___/___/____

Past or present occupation _____

Current employer (if any) _____

City _____ State _____ Zip _____

Name and relationship of closest relative _____

City _____ State _____ Zip _____

Home Phone [] _____ Work Phone [] _____

Highest level of education? High school GED Other _____

Name of School _____ City and State _____

How did you learn about DATS of Florida, Inc.?

Newspaper Catalog Flyer/Other Employer/Friend Internet

STEP 2: Check Start Date, Tuition and Payment Options

Program Clock Hours Weeks Start Date Anticipated Completion Date

Dental Assisting 72 9 _____

Tuition Cost Books Supplies Total Tuition Cost

\$2,000.00 \$175.00 \$200.00 \$2,375.00

PAYMENT OPTIONS

OPTION # 1 (Guarantees Enrollment)

_____ Payment in Full (Tuition of \$2,375.00)

Form of Payment

_____ Credit Card
_____ Check _____
_____ Other _____

OPTION # 2 (Guarantees Preliminary Enrollment)

_____ I choose to pay the tuition in the following manner: (Tuition of \$2,375.00)

_____ Deposit of \$200.00

Form of Payment

_____ Credit Card
_____ Check _____
_____ Other _____

_____ I agree to pay the balance of \$2,175.00 two (2) weeks prior to the beginning of class.

OPTION # 3

_____ I agree to pay my tuition by means of a loan. I will pay the deposit of \$500.00 now.

_____ Deposit of \$500.00

Form of Payment

_____ Credit Card
_____ Check _____
_____ Other _____

_____ I agree to pay the balance of \$1,875.00 according to my loan. Six monthly payments of \$330.04 @ 18.99% interest.

NOTE: For School offering a payment plan with four or more payments the federal boxes or vertical listing must be included on the contract. (N/A, if not applicable or line through)

ANNUAL PERCENTAGE RATE %	FINANCE CHARGE \$	Amount Financed The dollar amount the credit provided to you or on your behalf. \$	Total of Payment The amount you will have paid after you have made all payments as scheduled. \$	Total Sales Price The total cost of your purchase on credit including your down payment of \$
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YOUR PAYMENT SCHEDULE WILL BE:

Number of Payments	Amount of each payment	When payments are due
	\$	Beginning on ___/___/___ and on the same day each (check one) ___ weekly or ___ bi-weekly thereafter

All prices for program are printed herein. There are no carrying charges, interest charges, or service charges connected or charged with any of these programs. Contracts are not sold to a third party at any time. Cost of class is included in the price cost for the goods and services.

Refund and Cancellation Policy

Should an applicant/student cancel or is terminated for any reason, all refunds will be made according to the following policy and schedule: 1. All moneys will be refunded if the applicant is not accepted by the School or if the applicant cancels within three (3) business days after signing the Enrollment Agreement and making initial payment. An applicant not requesting cancellation by his/her specified starting date will be considered a student. 2. Cancellation must be made in person or by certified mail. 3. Termination date for refund computation purposes, is the last date of actual attendance by the student, unless earlier written notice is received. 4. Refunds will be made within 30 days of termination or receipt of Cancellation Notice. 5. Should a student be terminated or request cancellation of this Enrollment Agreement after: a] The third (3rd) business day, but before the first class, will result in a refund of all moneys paid, with the exception of the Registration Fee in the amount of \$50.00, b] entering the program of training but prior to 50% completion of the Program, the tuition charges made by the School to the student shall not exceed 50% of the Tuition Cost plus the Registration Fee. The refund will be computed on a pro rata basis on the number of hours completed to the total Program hours, c] completing 50% of the Program, student is not entitled to any refund as a matter of right and is obligated for the Total Program Cost. If the school cancels a program then the student will receive a full refund of monies paid.

Other Terms and Conditions

A student may be terminated for creating a safety hazard to other students, disobedient or disrespectful behavior to faculty or other students, unsatisfactory academic progress, poor attendance, unprofessional conduct, excessive absence or lateness, failure to pay fees when due, cheating, falsifying records, breach of enrollment agreement, entering school site while under the influence or effects of alcohol, drugs, or narcotics, of any kind, carrying a concealed or potentially dangerous weapon or sexual harassment or harassment of any kind. Terms of the refund policy will apply.

The School will provide its graduates with assistance and job leads upon graduation, but cannot guarantee job placement or employment.

STEP 3: Read, Sign Your Name, Add Today's Date

Notice to Buyer: Do not sign this Enrollment Agreement before you read it or if it contains any blank spaces. You are entitled to an exact copy of this signed Enrollment Agreement. Keep it to protect your legal rights.

I have read the terms and conditions contained in this Enrollment Agreement and the catalog, which I have received and read, and understand that this agreement constitutes a binding contract upon written acceptance by the School.

Student signature _____ Date _____

_____ **For School Use Only** _____

Payment Schedule is as follows:

- Option # 1
- Option # 2
- Option # 3
- Money order Check _MasterCard/Visa.

Accepted by _____ Date _____

School official name

Signature of school official _____

Schedule

2017

Start	End
January 10, 2017	March 9, 2017
April 3, 2017	June 9, 2017
July 10, 2017	September 11, 2017
October 9, 2017	December 9, 2017

The length of each program is 9 weeks. There are two sessions held each week that are four hours each in length. Programs start periodically during the year. All sessions are from 6:00 pm to 10:00 pm. There are periodic breaks totaling 10 minutes for each hour.

All legal U.S. and local holidays are observed. If a holiday occurs during a session then the missed class is rescheduled.

School Days and Times

School Location

Tuesday and Thursday
6:00-10:00 pm.

Orlando, Boca, WPB,
Clearwater, Ft. Myers

Monday and Wednesday
6:00-10:00 pm.

Temple Terrace, Plantation,

Monday and Thursday
6:00-10:00 pm.

Ocala, Bradenton

Student Information Form

This form is to be completed in addition to the Enrollment Agreement.

Enrollment Information

Name _____ Location _____

Home phone _____ Work phone _____

Start Date _____ Today's Date _____

We are required by the state to report the following information in our annual reports:

Male Female Age _____

White Black Hispanic Asian/Pacific American Indian

Florida Resident Other state _____ International student

Age group: 16-17 18-25 26-44 Over 44

Highest level of education: High school diploma GED Some college
 A.S. or A.A. B.A. or B.S. Other

Graduation Information *(To be completed by staff)*.

- Did not start
- Graduation date _____
- Withdrew before completion on _____
- Dismissed on _____

Employment information *(To be completed by staff)*.

Employed in field as a _____
Place of employment _____

- Still enrolled
- Continuing education
- Went to military
- Job other than dental assisting
- Unemployed or whereabouts unknown
- Declined placement