Application and Enrollment Contract
Maryland Dental Assistant School, LLC

Return Application to: Phone (888) 401-4555
Maryland Dental Assistant School, LLC Fax (240-253-2673)
15638 Livingston Rd.
Accokeek, MD 20607

Program: Basic Dental Assistant Training, 80 clock hrs, 10 weeks
Session ____ start ____________ ____________ ends ____________ 9:00am – 6:00pm each Saturday

Name: ___________________________________________
Address ____________________________
City __________________________ State _______ Zip code ____________
Phone Number: (H)________________________ (W)____________________ (C) ______
Email Address ____________________________
Soc. Sec. # ____________________________
Birth date _____/_____/_______
Past or present occupation __________________________
Current employer __________________________________________
City __________________________ State _______ Zip ____________
Emergency contact person __________________________ Relationship __________
City __________________________ State _______ Zip ____________
(H) Phone __________________________ (W) phone __________________________
Education information:
High School ___ GED ___ Date of Completion _________________
City __________________________ State _______ Zip ____________
College __________________________ Date of Completion _________________
City __________________________ State _______ Zip ____________
Other __________________________ Date of Completion _________________
Program Cost

Tuition-$2250.00
Registration fee $100.00(included in program cost)

This **Includes** text book, all supplies, equipment, hand outs, stone model of your own dentition, and $100.00 registration fee. Uniforms are to be purchased by the student. The text book required by the program is “Essentials of Dental Assisting by Robinson and Bird. This textbook will be issued however you may purchase it on the open market.

The total cost of the program may be paid by using the following payment options:

1. $2250.00 on or before the first day of class.
2. $550.00 down payment then $175.00 at the beginning of each class (10 payments)
   This option will include $50.00 charge for handling/interest
3. $475.00 down payment then $185.00 at the beginning of each class (10 payments)
   This option will include $75.00 charge for handling/interest
4. $250.00 down payment then $210.00 at the beginning of each class (10 payments)
   This option will include $100.00 charge for handling/interest
5. A minimum down payment and $100.00 registration fee is required 7 days prior to the start of class.

*Payments may be made by cash, personal check or credit card.*

"Any holder of this Consumer Credit Contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with proceeds hereof. Recovery hereunder by the debtor shall not exceed amounts paid by debtor hereunder"  

**But remember we do fill up quickly and we take students on a first come first serve basis.**

**Please complete the following and remit payment to reserve a place in our next class:**

_________ Payment in full $2250.00

_________ Down payment + $100.00 Registration fee = $___________

Check_______ Money Order _____________ MasterCard/Visa _________

Credit card #__________________________________ Exp. Date___________

Cardholder’s signature _________________________

Print Cardholder’s name _________________________
Refund Policy

1. If the school closes or discontinues a course or program, the school shall refund to each currently enrolled student monies paid by the student for tuition and fees and monies for which the student is liable for tuition and fees.
2. All fees paid by a student shall be refunded if the student chooses not to enroll in or to withdraw from the school within 7 calendar days after having signed a contract.
3. If the student chooses not to enroll after the 7-day cancellation period but before the first day of instruction, the school may retain the application fee or registration fee or both.
4. If, after the 7-day cancellation period expires, a student withdraws after instruction begins, refunds shall be based on the total contract price for the course or program and shall include all fees, except the application, registration or enrollment fee and any charges for materials, supplies, or books which have been purchased by, and are the property of, the student. The minimum refund that a school shall pay a student who withdraws or is terminated after the 7-day cancellation period has expired and after instruction has begun, is as follows:

<table>
<thead>
<tr>
<th>Proportion of total course or program taught by date of withdrawal</th>
<th>Tuition Retained</th>
<th>Tuition Refunded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10%</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>10% up to but not including 20%</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>20% up to but not including 30%</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>30% up to but not including 40%</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>40% up to 50%</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>More than 50%</td>
<td>100%</td>
<td>no refund</td>
</tr>
</tbody>
</table>

Remember, you are responsible for the full tuition after you have attended 50% of the sessions regardless of whether you complete, pass or fail the course.

8. The date of withdrawal or termination is the last date attendance by the student. A refund due a student shall be based on the date of withdrawal or termination and paid within 60 days from the date of withdrawal or termination.
9. In case of an official leave of absence if a student fails to return to training by the end of the leave of absence, a refund due a student shall be based on the date of withdrawal or termination and paid within 60 days of the scheduled last day of the leave of absence.
10. Textbooks, lab jackets and any other items issued must be returned in like-new condition or the replacement cost will be deducted from the refund due.
Acceptance Agreement

- I understand that upon completion of the Basic Dental Assistant Training program I will receive a Certificate of Completion. I further understand that additional educational courses will be required for certification to take x-rays and perform expanded duties in the state of Maryland.
- Before I receive my Certificate, academic transcript and record of attendance I must:
  1. Maintain a score of at least 300 points or 75%.
  2. Maintain attendance of at least 80%.
  3. Pay tuition and all fees in full.
- I also understand that Maryland Dental Assistant School can not guarantee employment or salary following graduation.
- I further understand that I am responsible for the full tuition after I have attended 50% of the sessions regardless of whether I complete, pass or fail the course.
- I understand this contract and wish to enroll in the above Basic Dental Assistant Training course.
- I understand that for this contract to be binding the contract must be signed by myself and the school official.
- I understand that the enrollment contract may be extended or modified only with the written consent of both the student and the school.
- I have received a copy of this enrollment agreement and a current catalog. I have been advised to keep a copy of all documents regarding enrollment and financial obligations.

Student Signature ______________________________ Date _____________

Authorized School Official

Signature ______________________________ Date _____________