



Dental Assisting Program Enrollment Agreement

Galleria of Smiles Dental Assisting School

8014 S. 101 Street E. Ave STE 100

Tulsa OK 74133

Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Social Security _____ Date of Birth _____
E-Mail Address _____
Home, Cell, Work Numbers _____
Parent, Guardian, or Spouse _____
Home, Cell, Work Numbers _____
High School _____ Year of Grad. _____
High School Address _____ State & Zip _____
High School Graduate _____ GED _____ College _____
How I heard about this program _____

In case of emergency contact:

Name _____
Phone _____ Relationship _____

Address, State, Zip _____

Start Date: _____

Total Cost of Dental Assisting Program: \$6500
(Tuition: \$6200 Books & Supplies \$300)

Not included in total cost: \$325.00 Current Approx.

\$150.00 –X-ray Certification
\$25.00 – Uniform for Clinicals
\$50.00 – Dental Assistant Permit
\$100.00 --Scrubs & Tennis Shoes (closed toed)
Transportation (no estimated cost)

Type of Instruction: Classroom & Clinical

Total of number of hours for completion: 310 (250 Intern Clinical, ~45 Lecture/ ~15Lab)

Lecture: Day _____ Hours: ~4 Weeks: 15

Clinical Practice Hours: To be scheduled by Student during Clinical Office Hours. Must complete Internship within 12 months of class start date.

Enrollment Payment Options & Refund Policy

Payment Options:

_____ \$6500.00 paid in full
___ **Check** ___ **Credit Card** ___ **CareCredit**

_____ \$2000.00 down payment (Check/Credit/Care Credit)
___ \$1500.00 Due 14 days after class start date
___ \$1500.00 Due by week 6 of class
___ Balance due of \$1500.00 due by week 12

Payment in full or a \$2000.00 minimum down payment is required to guarantee your enrollment and spot in the class 14 days prior to class start date.

Payment Amount \$ _____

Credit Card: _____ Exp Date: _____ SIC _____

Care Credit _____ Plan/Terms _____

Refund Policies

(a) **Termination date.** The termination date for refund computation purposes is the last date of actual attendance by the student. Galleria of Smiles Dental Assisting School will require notice of cancellation or withdrawal to be given in writing. The Galleria of Smiles Dental Assisting School may require that notice be made by parent or guardian if the student is below legal age. A penalty of \$25.00 is charged for failure to notify Galleria of Smiles Dental Assisting School in writing.

(b) **Refund policy.**

(1) **Rejection.** An applicant rejected by the Galleria of Smiles Dental Assisting School shall be entitled to a refund of all monies paid minus any stated application fee, not to exceed \$25.00.

(2) **Three day cancellation.** All monies paid by an applicant will be refunded if requested within three days after signing an enrollment agreement and making an initial payment.

(3) **Other cancellation.** An applicant subsequently requesting cancellation shall be entitled to a refund of all monies paid minus a registration fee of 15% of the contract price of the course, but in no event may Galleria of Smiles Dental Assisting School retain more than \$150.00.

(4) **First week.** For a student terminating training after entering Galleria of Smiles Dental Assisting School and starting the course of training but within the first week, the tuition retained by Galleria of Smiles Dental Assisting School shall not exceed 10% of the contract price of the course plus \$150.00 but in no event more than \$350.00.

(5) **After first week.** For a student terminating training after one week but within the first 25% of the course, the tuition retained by the Galleria of Smiles Dental Assisting School shall not exceed 25% of the contract price of the course plus \$150.00.

(6) **After 25%.** For a student terminating training after completing over 25% but within 50% of the course, the tuition retained by the Galleria of Smiles Dental Assisting School shall not exceed 50% of the contract price of the course plus \$150.00.

(7) **After 50%.** A student completing more than 50% of the course is not entitled to a refund of any tuition.

(8) **Special cases.** In case of student prolonged illness or accident, death in the family, or other circumstances that make it impractical to complete the course, the Galleria of Smiles Dental Assisting School shall make a settlement which is reasonable and fair to both parties.

(9) **Discontinued class.** If a class is discontinued by Galleria of Smiles Dental Assisting School while students are still enrolled in that class, and the Galleria of Smiles Dental Assisting School is still offering training in other areas, all monies (student loan, grant, and etc.) paid to Galleria of Smiles Dental Assisting School for students enrolled in the class at the time it is discontinued will be refunded to the entity legally entitled to the refund. Galleria of Smiles Dental Assisting School will have 30 days to restart the class or pay the refund.

(c) **Application of policy.** Tuition includes application or registration fees.

(1) Percentage of course completion shall be computed on the basis of the amount of time in the course as expressed in weeks for the lab/lecture component as listed in the catalog.

- (2) Any refund due shall be paid within 60 days after cancellation or termination, unless the refund is payable directly to the applicant or student, in which case it shall be paid within 30 days after cancellation or termination.
- (3) Students shall not be liable for periods of enrollment which they did not attend.
- (d) **Extra expenses.** Items of extra expense to the student such as housing, board, instructional supplies or equipment, tools, student activities, laboratory fees, service charges, rentals, deposits and all other extra charges need not be considered in tuition refund computations provided they are separately shown in the enrollment agreement and catalog.
- (e) **Severability of refund policy.** The provisions of this section are severable and the invalidity of one shall not impair the enforce ability of the remaining provisions.

NOTICE

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 WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

I HAVE READ AND UNDERSTAND THIS ENROLLMENT AGREEMENT AND CURRENT SCHOOL CATALOG AND THE REFUND POLICY

Student Signature

Date

School's AAO

Date