

Enrollment Agreement

for entry into the Dental Assisting Program
Contemporary Health Career Institute
101 John Robert Thomas Drive, Exton, PA. 19341

Name _____ D.O.B. (m/d/y) _/ _/ _____ Date of Enrollment (m/d/y) _/ _/ _____

Address _____

Social Security Number _____

Cell phone: (____) _____

Home phone: (____) _____

city state zip

Email Address: _____

The dates for the program in which I wish to enroll are as follows (schedule can be found in *Student Information Publication*):

Program Name: _____ Start Date: _____ Graduation Date: _____

The Dental Assisting program is 80 hours, consisting of ten courses, 8 hours each, given on a weekly basis. The total cost of the program is \$2,895.00 which includes a \$150.00 registration fee, all textbooks, materials and supplies. This payment can be made using any of the following options;

- ✓ \$2,895 at the time of registration
- ✓ \$150 at the time of registration, \$2,745 at the first class
- ✓ \$150 at the time of registration, \$550 payable at each of the first four classes and \$545 at the fifth class.

Payments may be made by check, cash, or major credit card. Following successful completion of all academic and tuition requirements, and receipt of a passing grade on each course, each student will be awarded a diploma for the program, a school pin, and a letter of recommendation from CHCI.

Refund Policy:

- The registration fee is fully refundable if the student notifies the school of their intent to withdraw within 5 calendar days of the registration date.
- A full refund will be made if the student withdraws prior to the start of the program. However, the \$150 registration fee is not refunded.
- A 90% refund will be issued if the student completes up to and including eight hours of the program prior to withdrawal (less registration fee).
- A 55% refund will be issued if the student completes more than eight but less than 20 hours of the program prior to withdrawal (less registration fee).
- A 30% refund will be issued if the student completes more than 20 hours of the program, but less than 40 hours (less registration fee).
- No refund will be issued for students completing more than 40 hours of the program.
- To receive a full refund, a student withdrawing from the program must return their textbooks in a usable condition. If the textbooks are not returned in a usable condition, the \$200 textbook charge will be deducted from the calculated refund.
- A student who is dismissed from the school for disciplinary reasons will receive a refund in accordance with the above policy.

All grievances should be immediately expressed in writing to a director of CHCI.

If a grievance is not satisfactorily resolved, a report should be made to the following governing body;

State Board of Private Licensed Schools
Pennsylvania Department of Education
333 Market Street, 12th Floor
Harrisburg, PA. 17126-0333

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 publication. By signing below, I acknowledge that no information was given to me contrary to that which is contained in the student publication, and that no guarantee or promise was made for employment or financial aid.

Student Signature _____

Date _____

Parent or Guardian Signature _____

Date _____

(if student is a minor)

School Representative _____

Date _____

*only binding if signed by both school representative and student

Did someone refer you to the Dental Assisting Program? Yes, I was referred by _____