

Enrollment Agreement 2020

**Cherry Hill Dental
Program for Dental Assisting
220 Diego Drive
Columbia, MO 65203
Office 573-446-0880
Fax 573-447-3121**

Student Name _____

Address _____

Phone _____ **SS#** _____ **DOB** _____

Program: Cherry Hill Dental Associates Program of Dental Assisting – Modern Dental Assisting

Length of Enrollment: The Cherry Hill Dental Associates Program of Dental Assisting requires that a student attend each Saturday education component of the 10 week session. (Ten consecutive Saturdays: 8 a.m. – 1:00 pm)

40 Shadowing Hour Requirement: Within the ten weeks span of the program, there is a 40 hour shadowing requirement. These are to be scheduled with the office (573-446-0880) through Anna.

Cost: \$3,400

Tuition and Fees - Estimate Cost for Each Session

Application Fee	\$25
Textbook	Borrowed
Shoes	Sneakers (must be clean and without holes)
Scrubs	All black – student responsible to purchase
Hepatitis B Immunization	Student responsible to purchase

Total Cost of Each Session - \$3,400, plus Application Fee of \$25. There is an optional fee of \$275 to take the Missouri Basic Skills Exam at the end of the course. This fee is not included in the \$3,400 cost of the course. This is not a required expense. (See page 5 in the catalog for further explanation.)

Cancellation Policy: A full refund will be made of all tuition within 30 days if cancellation is received within 3 days (excluding Saturdays, Sundays, and national holidays) after the student has signed the Enrollment Agreement. The student must provide written notice to the director of the program.

Withdrawal Policy: Students will be allowed to withdraw from the program at any time through a written submission to the school administrator. The student must submit in writing a dated request for withdrawal from the school. The refund will be calculated based on the refund policy.

Absences Policy: If a student misses a Saturday NO make up day within the session will be provided given the acceleration of the program. The student will be required to start the week they missed in the next session. Ex: If student misses week 3, they will start at week 3 in the next session. There will be no additional charge for this and should the student decide to withdraw, the withdrawal policy stands as listed above given the students last attended class.

A student may also choose to add an additional four hours of shadowing time to the 40 hour requirement, in lieu of a missed class. This must be set up with the program administrator (Megan Miller #573-446-0880), and can not exceed two classes.

Refund Policy: All refunds will be paid within 30 days of the student's exit from the program.

A student who begins the course of instruction and then terminates or withdraws after the expiration of the 3 days cancellation period, but before the start of the course, will have all monies paid refunded as follows: Students who withdraw during or at the end of the first week of class will be eligible for a 75% refund. Students who withdraw during or at the end of the second week of class will be eligible for a 60% refund. Students who withdraw during or at the end of the third week of class will be eligible for a 50% refund. Students who withdraw during or at the end of the fourth week will be eligible for a 40% refund. Students who withdraw during or at the end of the fifth week will be eligible for a 25% refund. No refunds will be given during or after the sixth week of class. The \$180 security deposit is non refundable.

The student's last date of actual attendance will be used in all refund calculations.

A full refund will be made of all monies received should a student not be accepted for enrollment in the school as stated in the above policies. Should the school discontinue educational services thereby preventing the student from completing the program a full refund will be made of all monies received.

Should it be established that a student's enrollment was procured as a result of any misrepresentation in advertising, promotional materials of the school or representation by the owners, director or

representatives of the school, a full refund will be made of the monies received. The official date of termination will be in accordance with the provisions stated above. If a student is found out to have provided the school with false information the above refund policies apply and the student will be immediately dismissed from the program.

I agree to the above policies and procedures of the Cherry Hill Dental Associates Program of Dental Assisting.

Beginning date of the session enrolled in is _____.

Student Signature

Date

Print Name

School Official

Date