



Modern Dental Training Inc.
Phone: 470-238-8295, 678-210-1899
Email: assistdentisttraining@gmail.com

ENROLLMENT AGREEMENT

Student: _____ Date: _____

Address : _____ City: _____

State: _____ Zip: _____ Phone: _____

Email _____ SSN: _____

Emergency contact: _____ Relationship: _____

Phone: _____ Email: _____

Program Objective: To train you in the field of Expanded Duties Dental Assisting.

I am hereby enrolling in the following academic program and my enrollment is subject to the terms and conditions stated in this enrollment agreement.

Start Date: _____ End Date: _____

Program Name: Expanded Duties Dental Assistant

Tuition:

Tuition: \$595.00, to be paid in full upon registration.

Credit Card Payments

Payments can be made via our website, automatically, or manually at the school on the day of class or orientation. All Payments are processed by Square.

Cancellation and Refund Policy.

Cancellation:

This enrollment agreement may be canceled within **three** calendar days after the date of signing, provided that the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition paid pursuant to the enrollment agreement and the refund shall be made no later than thirty days after cancellation.

Refund Policy:

If a student decides within 3 days of signing the contract not to attend the program, all money will be refunded.

_____ Applicant Initials

I acknowledge and agree with the school policies and procedures stated. I acknowledge that I have received and read a copy of this enrollment agreement.

Applicant Signature: _____ Date: _____

School representative: _____ Date: _____