

Cascade Dental Assisting School

18920 Bothell Way NE suite 200

Bothell, Washington 98011

Phone: 425-877-8008 Fax: 425-398-5488

www.cascadedentalassistingschool.com

email:cascadedentalschool.com

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____

Email: _____ Social Security #: _____

Emergency Contact: _____

Relationship: _____ Telephone: _____

Student Signature: _____ Date: _____

School Official Signature: _____ Date: _____

Program Information:

Classes to begin promptly at 8:00AM with one hour for lunch and afternoon classes will end at 5:00PM.

Lecture will be conducted each morning and continue with clinical sessions after lunch. Your Program includes the following:

Course workbook and textbook, dental scrubs, lab fees, dental radiology safety certification and CPR certification.

8:00am	-	12:00pm	Lecture
.....			
12:00pm	-	1:00pm	Lunch
.....			
1:00pm	-	5:00pm	Clinical

This course will run ten (10) consecutive weeks and one exam day, eight classroom hours per week for a total of eighty (80) classroom hours of instruction. This will include lecture material as well as clinical "hands on" training. In addition, there is approximately 60 hours of home study plus a voluntary 10 to 15 hours of "practical" on-the-job training. This constitutes for a total of approximately 155 course work hours.

Tuition:

Total Cost of Cascade Dental Assisting School Course: \$4490.00

Initial Deposit: \$100.00 (deposit is non-refundable)

Down Payment: \$990.00

Remaining Balance: \$3400.00 (Students may elect to spread payments out over time, with installments of \$340 per week, prior to the start of each class week.

Final payment will be made on last day of instructional class.)

Refunds and Cancellations:

A graduation certificate, letter of recommendation, and pin will only be awarded to those students attaining a 70% or above grade average. Those students whose grade average is below 70% will not receive a certificate but will be allowed to retake the entire course (if desired) at a reduced fee of \$1575.00

Rejection: An applicant rejected by the school is entitled to a refund of all monies paid.

Five Day Cancellation: An applicant who provides cancellation prior to the start of the course is entitled to a refund of all monies paid. Past the fifth day, after signing the contract, the school retains the \$100 non-refundable deposit fee.

If training is terminated after the student enters classes, Cascade Dental Assisting school may retain the registration fee according to Washington State law as follows:

If the student complete this amount of training	School may keep this percentage of tuition
One week or up to 10%, whichever is less	10%
More than one week (or 10%), whichever is less, but less than 25%	25%
25%-50%	50%
More than 50%	100%

Other Cancellations: Those wishing to cancel for personal reasons or illness, may resume their course of study in the next class series, with no penalty, and may repeat the already completed sessions if desired.

Timely Refunds Payments: Refunds shall be paid within 30 days after the effective date of termination.

Refunds are given if the student is not accepted as an applicant or if the clas is cancelled by the school.

Contract Acceptance:

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by Cascade Dental Assisting School.

My signature below signifies I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Payment Options:

The School accepts Paypal and VenMo for electronic money transfers and credit cards as forms of payments.

- I elect to pay the full tuition in the amount of \$4490.00 for full payment and receive a \$90 fee reduction for my pre-payment. Total \$4,400.00
- I am paying via Paypal or cash or credit card in the amount of \$100.00 for my initial deposit and I will be making my down payment of \$990.00 via Paypal or Credit Card **before** first day of instructional class.
- I authorize "Cascade Dental Assisting School" to charge my credit card \$4490.00 for full payment.
- I authorize "Cascade Dental Assisting School" to keep my signature on file and to charge my credit card \$990.00 for my initial down payment and authorize automatic payments of \$340.00 each week for 10 weeks.
- Financial Aid Documentation has been submitted and approved.
(Please circle one: **Workforce Development** - MYCAA - Care Credit)

Credit Card Information:

- Visa Master Card

Cardholder Name: _____

Cardholder Billing Address: _____

Credit Card Account Number: _____

Expiration Month: _____ Expiration Year: _____