



ENROLLMENT AGREEMENT

200 East Bridge Street | Wausau, WI 54403
(800)704-1505 | nationaldentalacademy@gmail.com
www.nationaldentalacademy.org

Welcome to the National Dental Academy where it is our goal to provide our students with convenient, practical and affordable Dental Assisting training.

Please complete this enrollment agreement to formally enroll in classes.

A. DEMOGRAPHIC INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Last four of SSN: _____

B. EDUCATIONAL SERVICES

Campus: _____

START DATE: _____.

C. FINANCIAL AGREEMENT

I understand that I am responsible for the tuition and fees associated with this course.

TUITION

\$4995

Tuition includes Text Rental, CPR/AED for the Healthcare Provider training, USB drive with a set of 10 abbreviated lectures, the class syllabus, a uniform, text rental fees, whitening kit and all lab fees.

Traditional Payment Plans

☐ Tuition in FULL (enclosed) **\$4995**

☐ In House Financing **\$1500 Enclosed**

Followed by 3 equal payments made class one, class three and class nine.

☐ **Enhanced Patient Finance or FlexxBuy for NDA** extended lender programs

12 mo. Deferred Interest Program / Preferred Lending Program

Payment Method:

1. Check

(Please *make check payable to **National Dental Academy*** –
There will be a \$25 charge for returned checks)

2. Visa, MasterCard or Discover Card

Card Number: _____ Exp: _____

CVV: _____

Cardholder Name: _____

Billing Zip Code (if different from above): _____

I agree to the payment schedule for my Dental Assisting course with the NATIONAL DENTAL ACADEMY. I have read and understand the refund policy as outlined in the course catalog.

Signature of Student: _____

Signature of Enrollment Agent: _____

D. CANCELLATION POLICY

The cancellation and refund policy is as follows:

The student will receive a full refund of deposit if they cancel by phone or in writing within three business days after enrollment.

The student will receive their deposit back minus one hundred dollars and cost of custom uniform if withdrawal is made after the three business day cancellation period but before the beginning of the first week of class.

The student will receive a pro-rated refund based on how many classes were attended if he/she withdraws between class one to class six.

If a student withdraws after class six (60% Class Completion) no refund will be issued.

No-Show to classes does not count as a formal withdrawal you must contact us to fill out the appropriate paperwork or full tuition will still be due.

Student Signature: _____

SCRUB SIZE

TOP: _____ BOTTOM: _____

We order Cherokee Brand Women's Scrubs; they tend to run a little large but fairly true to size. The scrubs are also available in Petite and Long length if needed, just indicate above! You will receive your scrubs, nametag, textbooks, handouts and other materials at the first day of class.



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Referral Source: _____

If you were referred by a prior student, please place their name in the above line.

Please allow 5-7 business days for processing. We will contact you with your confirmation materials first electronically and you will also receive a package mailed to your home address with information regarding your first day of classes!

See you in Class! 😊
