



## 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 our 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 AND FEES** **\$4995**

Tuition includes Textbook, CPR/AED for the Healthcare Provider training, USB drive with a set of 10 abbreviated lectures, the class syllabus, a uniform, custom whitening kit and all lab fees. Upon graduation students receive a WI State Approved Certificate in Dental Assisting.

#### Traditional Payment Plans

**Tuition in Full** **\$4995**

**In-House Financing** **\$1500**

Followed by 3 equal payments (\$1165) made class one, class three and class nine.

Please Note: Credit/Debit card required to be on file for this option. All payments drawn from card on file the morning of class one, class three and class six.

**Enhanced Patient Finance** | Extended Lending Programs

These options are subject to a credit approval from the lending company.

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Payment Methods

- I will mail a check for the down payment to 200 East Bridge Street, Wausau, WI 54403. **(Check payable to National Dental Academy of WI – \$40 charge for returned checks)**
- Visa, MasterCard or Discover Card

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

CVV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

***There will be a \$40 late fee for any declined or late credit card payments. All payments due prior to start of class one, three and nine.***

By signing this agreement, I acknowledge the payment schedule and fees for my Dental Assisting course with the NATIONAL DENTAL ACADEMY OF WI. I have read and understand the refund policy.

Signature of Student: \_\_\_\_\_

Signature of Enrollment Agent: \_\_\_\_\_

***D. CANCELLATION POLICY***

The cancellation and refund policies are 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 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 if he/she withdraws between class one to the start of class three. Once student enters class three total course fees are required. No refund to be made after the start of class three. No-Show to classes does not qualify as a formal withdrawal, signature is required.

***E. LIABILITY WAIVER***

I understand and agree that NDA, LLC, nor its affiliates, it's supported professional corporations, its employees, supported Doctors, shareholders or owners may be held liable in any way for any injury, illness or other damages to me arising during this program. I understand that I am not an employee of NDA, LLC, or its affiliates, and am not entitled to compensation and benefits for my participation in the program.

Student Signature: \_\_\_\_\_

  

\_\_\_\_\_



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UNIFORM SIZE

TOP: \_\_\_\_\_ BOTTOM: \_\_\_\_\_

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



### WOMEN

Size	XXS	XS	S	M	L	XL	2XL	3XL	4XL	5XL
0-1	2-4	6-8	10-12	14-16	18-20	22-24	26-28	30-32	34-36	
Bust	31-32	33-34	35-36	37-39	40-43	44-47	48-51	52-55	56-59	60-63
Waist	24-25	24-25	26-27	28-30	31-34	35-38	39-42	43-46	47-50	51-54
Hip	33-34	35-36	37-38	39-41	42-45	46-49	50-53	54-57	58-61	62-65

Inseams: 30-31" (regular), 27.5-28.5" (petite), 33-34" (tall)

### MEN'S/UNISEX

Size	XXS	XS	S	M	L	XL	2XL	3XL	4XL	5XL
Chest	29-31	32-34	35-37	38-40	42-44	46-48	50-52	54-56	58-60	62-64
Waist	21-23	24-26	27-29	30-32	34-36	38-40	42-44	46-48	50-52	54-56
Hip	29-31	32-34	35-37	38-40	42-44	46-48	50-52	54-56	58-60	62-64

Inseams: 31-32 1/2" (regular), 29-30" (short), 34-35" (tall)



- BUST** Measurement over the fullest part of the chest
- WAIST** Measurement of the smallest indentation of natural waistline
- HIPS** Measure the fullest curve of the hip
- INSEAM** Measurement from top of the inner thigh to ankle



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! Questions call us at (715) 298-4447