



# PROGRAM ENROLLMENT AGREEMENT

(This document is legally binding, please read carefully)

**Worcester Facility**  
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Worcester, MA 01605  
Tel: (508) 425-6644  
Fax: (774) 272-9411  
Email: [nedentalacademy@gmail.com](mailto:nedentalacademy@gmail.com)

PLEASE PRINT:

<b>STUDENT INFORMATION</b>
FULL NAME: _____
ADDRESS: _____ ZIP: _____
HOME TELEPHONE: _____ CELL: _____
DATE OF BIRTH: ____/____/____ EMAIL _____

<b>EDUCATIONAL ENTRANCE REQUIREMENTS</b>
<input type="checkbox"/> HIGH SCHOOL DIPLOMA OR ITS EQUIVALENT ( All Applicants must be 18 years of age or older to apply)
NAME OF SCHOOL _____ YEAR COMPLETED: _____
<b>OTHER REQUIREMENTS: EACH ENROLLING STUDENT IS REQUIRED TO HAVE SUFFICIENT TECHNOLOGY, SUCH AS A COMPUTER, LAPTOP OR IPAD.</b>

<b>PROGRAM SELECTION</b> <span style="color: red;">The School will not accept registration beyond (5) days of the start of the program in which you are enrolling.</span>
<b>PROGRAM:</b>
<input type="checkbox"/> <b>DENTAL ASSISTANT (HYBRID)</b> Total Course Fee: \$5,700.00
<b>CLOCK HOURS:</b> 937 (457 Lecture /Lab/Online & Clinical, 480 Externship/Internship)
<b>COST:</b> Tuition \$3,800.00 Workbook/Supplies/Materials: \$1,850.00 Administrative Costs:\$50.00
<b>ADDITIONAL ESTIMATED CHARGES:</b> Course Book:\$110.00 Scrubs: \$30.00
CPR:\$45.00
State Radiology Exam: \$250.00
<b>Tuition Discount:</b> - _____
<b>Adjusted Total Cost:</b> _____

<b>START DATE SELECTION</b> <span style="float: right;">Please select all that apply</span>
Program Start Date: _____ Program Days: <input type="checkbox"/> MON/WEDS <input type="checkbox"/> TUES/THURS
Program End Date: _____ Time: <input type="checkbox"/> Morning Program _____ to _____
<input type="checkbox"/> Evening Program _____ to _____

<b>PAYMENT OPTIONS: DENTAL ASSISTANT PROGRAM</b>
We accept: <input type="checkbox"/> Credit Card <input type="checkbox"/> Checks <input type="checkbox"/> Cash
<input type="checkbox"/> Option 1: \$5,700.00 (Program paid in full)
<input type="checkbox"/> Option 2: \$850.00 Deposit, \$4,850.00.00 Due 1 <sup>st</sup> night
<input type="checkbox"/> Option 3: \$850.00 Deposit, 36 weekly payments of \$135.00
<input type="checkbox"/> Option 4: \$850.00 Deposit, 18 bi-weekly payments of \$270.00
<input type="checkbox"/> Option 5: \$795.00 Deposit, 9 monthly payments of \$539.00

**Refund Policy:** The refund policy is listed on the attached forms. Please read carefully, this agreement is not complete until signed & all forms completed by both parties, and an executed copies given to the student.

**REFUND LAW: (AS PER M.G.L. CHAPTER 255, SECTION 13K)**

1. You may terminate this agreement at any time.	N/A
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program. Refund Amount: <b>\$5,700.00</b>	
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: <b>\$5,650.00</b>	
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph. Refund Amount: <b>\$2,800.00</b>	
5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: <b>\$1,850.00</b>	
6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: <b>\$900.00</b>	
7. If you terminate this agreement after the initial five day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement. Refund Amount: <b>\$5,650.00</b>	
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day, such writing is mailed.	N/A
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.	

Administrative Costs Equal: **\$50.00**

Pursuant to 230 CMR 15.04, you have the right to cancel this enrollment contract before the completion of five school days or five percent of this Program or course, whichever occurs first, and to receive a full refund of all monies paid, less actual reasonable administrative costs up to \$50 and actual reasonable costs of non-reusable supplies or equipment. (Refund Amount = \$5,650.00). You have the right to cancel this enrollment contract if a school allows you to begin participation in a Program while an initial award for financial aid, including student loans, is pending, and are subsequently denied some or all of that student loan or financial aid amount, you may terminate the enrollment agreement with a full refund of all Monies Paid, less actual reasonable administrative costs. For the purposes of this Policy, actual reasonable administrative costs as defined under M.G.L. c. 255, § 13K(7).

**\*\*Tuition credit calculations listed above are based on a percentage of tuition and may not reflect actual amount to be refunded. Actual amount refunded will be based on payments made to the institution. Specific dates indicated above are based on continuous enrollment from Class Start Date with all courses completed successfully, and are subject to change in the event of failed courses, leaves of absence or other unexpected breaks in attendance.**

**\*\*\*Refund will be processed and returned/mailed within 45 days of the effective date of the termination, in the manner/method the initial payments were made.**

I have been provided a copy of the school's catalogue and policies in a manner of my choosing and I am initialing my choice: \_\_\_ hard copy \_\_\_ send via email

Student's Initials

\_\_\_ I understand this contract will not be in force and effect until signed by both myself and a school representative.

\_\_\_ I have received a copy of the school's complaint procedures policy.

\_\_\_ I understand the refund law as stated above.

\_\_\_ I understand that coursework and/or credit from this school may not be transferable to other Institutions of education and acceptance is at the discretion of the receiving institution.

This school is licensed by the Massachusetts Division of Professional Licensure's Office of Private Occupational School Education. Any comments, questions, or concerns about this school's license should be directed to [occupational.schools@mass.gov](mailto:occupational.schools@mass.gov) or 617-701-8719.

Any changes, addendums, or additions made subsequent to the signing of the enrollment agreement must be in writing and signed by both the school and the student and are subject to the regulations of 230 CMR 15.04.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT STUDENT'S NAME: \_\_\_\_\_

IF THE STUDENT IS UNDER THE AGE OF 18,

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT PARENT/GUARDIAN'S NAME: \_\_\_\_\_

SCHOOL OFFICIAL'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT SCHOOL OFFICIAL'S NAME: \_\_\_\_\_

I, the student, have received a completed and signed copy of this agreement on date: \_\_\_\_\_

\_\_\_\_\_(student's initials)