

# Entry Level Dental Assistant Training Schools

## DATS of Florida, Inc.

**At Orlando:** 8701 Maitland Blvd. Orlando, FL 32810

**At Fort Myers:** 7011 Cypress Terrace, Suite 101

Fort Myers, FL 33907

**At Clearwater:**

5150 East Bay Drive, Clearwater, FL 33764

**At Temple Terrace:**

11203 North 56th Street, Suite D

Temple Terrace, FL 33617

**At Ocala:**

3040 SW 27<sup>th</sup> Ave Suite 101

Ocala FL 34474

**At Boca Raton: Dr. Jeffrey Siegel**

7280 W. Palmetto Park Road, Suite 206N

Boca Raton, Florida 33433

**At Plantation: Dr. Steven Bagdanoff**

1125 South University Drive

Plantation, Florida 33324

**At North Miami:**

1400 N.E. Miami Gardens DR. SUITE 215

N. Miami Beach, FL 33179

**At West Palm Beach: Drs. Seth & Dari Shapiro**

2247 Palm Beach Lakes Blvd, Suite 104

West Palm Beach, Florida 33409

**At Bradenton:**

8640 East SR 70 Suite D, Bradenton, FL 34202

**Enrollment Agreement**  
**Entry Level Dental Assisting**

Toll Free Phone: 866-404-6444  
Office: 941-792-9310  
Fax: 941-792-9312  
DATS\_FI@verizon.net  
[www.datsflorida.com](http://www.datsflorida.com)  
[www.dats.net](http://www.dats.net)

### STEP 1: Fill in Enrollment Information

I hereby apply for enrollment in DATS of Florida, Inc., hereinafter referred to as "School." A representative has provided me with a catalog, explained the programs, terms of the Enrollment Agreement, and awarding of a Diploma on completion. I am 18 years or older.

Please check campus:

- Fort Myers  
  Orlando  
  Clearwater  
  TempleTerrace  
  Bradenton  
  Ocala  
 Boca Raton  
  Plantation  
  West Palm Beach  
  N. Miami

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

Home phone [    ] \_\_\_\_\_ Work phone [    ] \_\_\_\_\_

Date of birth \_\_/\_\_/\_\_ / Social Security # \_\_\_-\_\_-\_\_\_\_

Past or present occupation \_\_\_\_\_

Current employer (if any) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name and relationship of closest relative \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone [    ] \_\_\_\_\_ Work Phone [    ] \_\_\_\_\_

Highest level of education?  High school  GED Other \_\_\_\_\_

Name of School \_\_\_\_\_ City and State \_\_\_\_\_

**How did you learn about DATS of Florida, Inc.?**

Newspaper  Catalog  Flyer/Other  Employer/Friend  
 Internet

**STEP 2: Check Start Date, Tuition and Payment Options**

Program	Clock Hours	Weeks	Start Date	Anticipated Completion Date	Total Tuition Cost
Dental Assisting	150	9	_____	_____	\$2,975.00

**PAYMENT OPTIONS**

**OPTION # 1 (Guarantees Enrollment)**

\_\_\_\_\_ Payment in Full (Tuition of \$2,975.00)

**Form of Payment**

\_\_\_\_\_ Credit Card  
\_\_\_\_\_ Check \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

**OPTION # 2 (Guarantees Preliminary Enrollment)**

\_\_\_\_\_ I choose to pay the tuition in the following manner: (Tuition of \$2,975.00)

\_\_\_\_\_ Deposit of \$200.00

**Form of Payment**

\_\_\_\_\_ Credit Card  
\_\_\_\_\_ Check \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ I agree to pay the balance of \$2,775.00 two (2) weeks prior to the beginning of class.

**OPTION # 3**

\_\_\_\_\_ I agree to pay my tuition by means of a loan. I will pay the deposit of \$200.00 now.

\_\_\_\_\_ Deposit of \$200.00

**Form of Payment**

\_\_\_\_\_ Credit Card  
\_\_\_\_\_ Check \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

**Refund and Cancellation Policy**

Should an applicant/student cancel or is terminated for any reason, all refunds will be made according to the following policy and schedule: 1. All moneys will be refunded if the applicant is not accepted by the School or if the applicant cancels within three (3) business days after signing the Enrollment Agreement and making initial payment. An applicant not requesting cancellation by his/her specified starting date will be considered a student. 2. Cancellation must be made in person or by certified mail. 3. Termination date for refund computation purposes, is the last date of actual attendance by the

student, unless earlier written notice is received. 4. Refunds will be made within 30 days of termination or receipt of Cancellation Notice. 5. Should a student be terminated or request cancellation of this Enrollment Agreement after: a] The third (3rd) business day, but before the first class, will result in a refund of all moneys paid, with the exception of the Registration Fee in the amount of \$50.00, b] entering the program of training but prior to 50% completion of the Program, the tuition charges made by the School to the student shall not exceed 50% of the Tuition Cost plus the Registration Fee. The refund will be computed on a pro rata basis on the number of hours scheduled to the total Program hours, c] completing 50% of the Program, student is not entitled to any refund as a matter of right and is obligated for the Total Program Cost. If the school cancels a program then the student will receive a full refund of monies paid.

**Other Terms and Conditions**

A student may be terminated for creating a safety hazard to other students, disobedient or disrespectful behavior to faculty or other students, unsatisfactory academic progress, poor attendance, unprofessional conduct, excessive absence or lateness, failure to pay fees when due, cheating, falsifying records, breach of enrollment agreement, entering school site while under the influence or effects of alcohol, drugs, or narcotics, of any kind, carrying a concealed or potentially dangerous weapon or sexual harassment or harassment of any kind. Terms of the refund policy will apply.

The School will provide its graduates with assistance and job leads upon graduation, but cannot guarantee job placement or employment.

**STEP 3: Read, Sign Your Name, Add Today’s Date**

**Notice to Buyer: Do not sign this Enrollment Agreement before you read it or if it contains any blank spaces. You are entitled to an exact copy of this signed Enrollment Agreement. Keep it to protect your legal rights.**

*I have read the terms and conditions contained in this Enrollment Agreement and the catalog, which I have received and read, and understand that this agreement constitutes a binding contract upon written acceptance by the School.*

Student signature \_\_\_\_\_ Date\_\_\_\_\_

\_\_\_\_\_ **For School Use Only** \_\_\_\_\_

Payment Schedule is as follows:

- Option # 1
- Option # 2
- Option # 3
- Money order  Check \_MasterCard/Visa.

Accepted by \_\_\_\_\_ Date\_\_\_\_\_

School official name

Signature of school official \_\_\_\_\_

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

## ***Student Information Form***

*This form is to be completed in addition to the Enrollment Agreement.*

### Enrollment Information

Name \_\_\_\_\_ Location \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Start Date \_\_\_\_\_ Today's Date \_\_\_\_\_

We are required by the state to report the following information in our annual reports:

Male       Female       Age \_\_\_\_\_

White       Black       Hispanic       Asian/Pacific       American Indian

Florida Resident       Other state \_\_\_\_\_       International student

Age group:       16-17       18-25       26-44       Over 44

Highest level of education:  High school diploma       GED       Some college  
 A.S. or A.A.       B.A. or B.S.       Other

### Graduation Information *(To be completed by staff)*.

- Did not start
- Graduation date \_\_\_\_\_
- Withdrew before completion on \_\_\_\_\_
- Dismissed on \_\_\_\_\_

### Employment information *(To be completed by staff)*.

Employed in field as a \_\_\_\_\_  
Place of employment \_\_\_\_\_

- Still enrolled
- Continuing education
- Went to military
- Job other than dental assisting
- Unemployed or whereabouts unknown
- Declined placement