

**CHICAGO CAREER COLLEGE**

25 E Washington St. Suite 1921

Chicago, IL 60602

312-465-2718

[ChicagoDentalCareer@gmail.com](mailto:downtowndental.assistants@gmail.com)

**ENROLLMENT AGREEMENT**

**STUDENT INFORMATION DATE: / /**

STUDENT NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE NUMBERS: Home ( ) Cell ( )

E-MAIL ADDRESS:

EMERGENCY CONTACT:

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11 week Chair Side Dental Assistant Course Sat 9:00-5:00**

Instructor office hours will be 1 hour prior to every class and the Friday before class 3:00p.m. to 5:00p.m, or by appointment.

|  |  |
| --- | --- |
| **First Day of Class** | **Last Day of Class** |
| **Session 1** January 9, 2016 | March 19, 2016 |
| **Session 2** March 19, 2016 | June 11, 2016 |
| **Session 3** July 27, 2015 | September 5, 2015 |
| **Session 4** October 3, 2015 | December 12, 2015 |

**PROGRAM INFORMATION**

**DATE OF ADMISSION**: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PROGRAM / COURSE NAME**: 11 Week Chairside Dental Assistant Program

**DESCRIPTION OF PROGRAM / COURSE**: 11 week course designed to teach students how to support dental care delivery by preparing treatment room, patient, instruments, and materials; passing instruments and materials; performing procedures in compliance with the dental practice act.

**PREREQUISITE COURSES & OTHER REQUIREMENTS FOR ADMISSION TO PROGRAM / COURSE:**

Student must be at least 18 years old or 17 years old with permission of parent or guardian. All students must have a high school diploma or GED and be able to pass a basic entrance exam which includes a manual dexterity test along with a written test.

**PROGRAM / COURSE OBJECTIVES:**Prepare students to go from classroom to the workplace quickly and efficiently by providing them with hands on training on basic dental terminology.

**PROGRAM INFORMATION (CONTINUED)**

PROGRAM START DATE: \_\_\_\_\_\_\_\_\_\_\_\_ SCHEDULED END DATE: \_\_\_\_\_\_\_\_\_\_\_\_

FULL-TIME PART-TIME DAY EVENING

DAYS/EVENINGS CLASS MEETS: (circle) M T W Th F Sa Su

TIME CLASS BEGINS: \_\_\_\_\_\_\_\_\_\_ TIME CLASS ENDS: \_\_\_\_\_\_\_\_\_\_

NUMBER OF WEEKS: 11 TOTAL CLOCK HOURS: 170

**CONSUMER INFORMATION**

**All schools are required to make available, at a minimum, the following disclosure information clearly and conspicuously on their 1) internet website, 2) school catalog, and 3) as an addendum to their Enrollment Agreement:**

* The number of students who were admitted in the program as of July 1 of that reporting period.
* The number of additional students who were admitted in the program during the next 12 months and classified in one of the following categories: new starts, re-enrollments, and transfers into the program from other programs at the school.
* The total number of students admitted in the program during the 12-month reporting period.
* The number of students enrolled in the program during the 12-month reporting period who: transferred out of the program and into another program at the school, completed or graduated from a program, withdrew from the school, and are still enrolled.
* The number of students enrolled in the program whowere: placed in their field of study, placed in a related field, placed out of the field, not available for placement due to personal reasons, and not employed.
* The number of students who took a State licensing exam or professional certification exam, if any, during the reporting period, as well as the number who passed.
* The number of graduates who obtained employment in the field who did not use the school’s placement assistance during the reporting period (pending reasonable efforts to obtain this information from graduates).
* The average starting salary for all school graduates employed during the reporting period (pending reasonable efforts to obtain this information from graduates).

**FINANCIAL AID**

***Chicago Career College currently does not accept financial aid.***

***Chicago Career College only accepts cash and any major credit card.***

**TUITION & FEES**

NON-REFUNDABLE REGISTRATION FEE: $200

TUITION: $5,500

BOOKS, UNIFORM & SUPPLIES: included

MISC. EXPENSES: none

TOTAL COST FOR: Chair Side Dental Assisting Program: $5,500

**REFUND / 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 monies will be refunded if the applicant is not accepted by Chicago Career College or if the applicant cancels within three (3) business days after signing the Enrollment Agreement.

**An applicant not requesting cancellation by his/her specified starting date will be**

**considered a student.**

2. If a credit card was run to pay for the course, the fees associated with that transaction will

be forfeited.

**3. Cancellation** must be**made in person or by certified mail.**

4. Termination date for refund computation purposes is the last date of actual attendance by

the student, unless earlier written notice is received.

5. Refunds will be made within 30 days of termination or receipt of cancellation notice.

6. Should a student be terminated or request cancellation of this Enrollment Agreement

**after**:

a.) The third (3rd) business day, but before the first class, a refund of all monies paid

(less $200.00 registration fee) will be awarded.

b.) Entering the program of instruction, the refund will be determined by the number

of classes attended.

c.) Completing four (4) classes of instruction the student is not entitled to any refund.

7. If the school cancels a course ( 11 weeks) for whatever reason (class size, etc.), the

student will receive a refund, or the student may apply toward another class at a later

date. The minimum number of enrollees will be ten (10) students.

Should an applicant/student cancel or is terminated for any reason all refunds will be given

according to the following policy and schedule:

Time of Withdrawal Amount refunded

After attending 1 class  80% of tuition

After attending 2 classes 60% of tuition

After attending 3 classes 50% of tuition

After attending 4 classes No Refund

**Withdrawal Procedure**

To withdraw from CHICAGO CAREER COLLEGE, the student must submit a letter in writing requesting to withdrawal before the first day of class. The letter must be delivered either in person or via certified mail before the first day of class for a full refund. If class has begun, please refer to CHICAGO CAREER COLLEGE cancelation policy.

**NOTICE TO STUDENT**

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school’s principal place of business. Read all pages of this contract before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and Chicago Career College.
5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student’s parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
6. The school does not guarantee the transferability of credits to anotherschool, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

**STUDENT’S RIGHT TO CANCEL**

The student has the right to cancel the initial enrollment agreement until (12:00p.m.) of the (4th) business day after the student has been admitted. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund on all monies paid to date within (10) days of cancellation. Cancellation should be submitted to the authorized official of the school in writing.

**Student Complaint Policy**

This School is committed to respecting all students and providing a quality educational experience. The objective of the Student Complaint Policy is to ensure that all concerns and complaints are addressed fairly and resolved promptly, Complaints related to this policy are usually the result of behavior that a student feels is unjust, or creates an unnecessary hardship. Students may file complaints, with the program director. You may contact the director via phone, email, or certified mail. This institution is not accredited by a US Department of Education recognized accrediting body. CHICAGO CAREER COLLEGE is approved to operate by the Private Business and Vocational Schools Division of the Illinois Board of Higher Education. Students may register a complaint against this school at any time with IBHE.

**Program Director**

Dr. Viren Patel DMD **IBHE**

25 E Washington Suite 1921 Illinois Board of Higher Education

Chicago, IL 60602 431 East Adams Street, 2nd Floor

312-465-2718 Springfield, Illinois 62701

ChicagoDentalCareer@gmail.com Complaint Call Line: (217)557-7359

` Complaint email: [complaints@ibhe.org](mailto:complaints@ibhe.org)

IBHE website: [www.ibhe.org](http://www.ibhe.org)

**STUDENT ACKNOWLEDGMENTS**

1. I hereby acknowledge receipt of the school’s catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

**Student Initials** \_\_\_\_\_\_

1. I have carefully read and received an exact copy of this enrollment agreement.

**Student Initials** \_\_\_\_\_\_

1. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

**Student Initials** \_\_\_\_\_\_

1. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

**Student Initials** \_\_\_\_\_\_

1. I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, [school name] must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.

**Student Initials** \_\_\_\_\_\_

1. I understand that the school does not guarantee job placement to graduates upon program completion.

**Student Initials** \_\_\_\_\_\_

1. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education, 431 East Adams Street, 2nd Floor, Springfield, IL 62701 or at [www.ibhe.org](http://www.ibhe.org).
2. **Student Initials** \_\_\_\_\_\_

The student acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood 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. The student and the school will retain a copy of this agreement.

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Student’s Signature Date Program Director’s Signature Date