



# Roseville Dental Academy

## Registration/ Payment Form

I have selected the following course(s).

- Dental Assisting Training Program \$2500.00
- Radiation Safety/ X-ray license \$695.00
- 8- Hour Infection Control Certification \$395.00
- BLS/CPR (\$85 paid to instructor at the time of registration)

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

A **\$1000** Minimum down payment is required. Please complete the following to reserve a spot in our next class. **Deposit is Non-Refundable. Initial** \_\_\_\_\_

- \$ \_\_\_\_\_ Paid in full
- \$1000** Down Payment. Bal after \$ \_\_\_\_\_ then \$ \_\_\_\_\_ per week for nine weeks \***Payments are due at the beginning of each class. If payment is not made student cannot join class** \_\_\_\_\_

Payment type: \_\_\_\_\_

Name: \_\_\_\_\_ Credit Card# \_\_\_\_\_

Exp: \_\_\_\_\_ CVV: \_\_\_\_\_ Day of the week for automatic draft: \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_

I, \_\_\_\_\_, agree to make payments on the specified dates and the agreed amounts state on the payment schedule below to Roseville Dental Academy. I understand the consequences that will be brought against me if the contact is violated. The penalties could include: account being turned over to collection agency, expulsion from the class, and/or prosecution in a small claims court. Certificates will not be granted until balance is paid in full. Upon default, I agree to pay any fees and costs that Roseville Dental Academy may incur in collecting my balance owed as well as a competitive interest rate on the amount owed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

For office use only-----

Student balance paid in full date: \_\_\_\_\_

Completion Certificate issued? \_\_\_\_\_