



Brunswick Business Center
207-721-0714
www.academyofmedicalprofessions.com

18 Pleasant Street, Suite 210
1-866-516-8274 (toll free)

Brunswick, ME 04011
207-449-1242 (fax)
info@academyofmedicalprofessions.com

DENTAL ASSISTING COURSE ENROLLMENT AGREEMENT
(PLEASE PRINT, MAIL, EMAIL OR FAX REGISTRATION FORM TO ABOVE ADDRESS)

NAME: _____ SS# _____

ADDRESS: _____ DATE OF BIRTH: _____

CITY: _____ STATE: _____ ZIP: _____ Gender Assigned at Birth
(choose from dropdown)

PHONE NUMBER: _____ (H) _____ (C)

E-MAIL: _____

I have earned a High School Diploma or Equivalent (GED, HiSET, etc.) (Initial here) _____

ENTER LOCATION ATTENDING OR
SELECT ONLINE in the dropdown box TODAY'S DATE _____
below

START DATE: _____

SINGLE PAYMENT METHOD

****Please make checks payable to the Academy of Medical Professions****

- \$500 Deposit is required for Payment Plan Options (see next page)
- \$300.00 Non-refundable enrollment fee is already included in the price
- Voucher Payments: (I.E. Goodwill, Dept Of Labor, MyCAA, Etc.)

ONE TIME FULL PAYMENT

Self-Pay Voucher

_____ _____ **\$2,900** Dental Assisting, All-inclusive program

Voucher Payments:

Name Of Organization Paying: _____

Point of Contact: _____

WHERE DID YOU HEAR ABOUT OUR COURSES? _____

IF FROM AN ADULT EDUCATION OR COLLEGE BROCHURE PLEASE LIST WHICH ONE:

PAYMENTS MADE BY CREDIT CARDS

CREDIT CARD # _____

EXPIRATION DATE: _____ SECURITY CODE: _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS IF DIFFERENT FROM REGISTRATION FORM:

FULL PAYMENT \$ _____

Date you wish to have Full **or** Monthly payment taken: _____

PAYMENT PLAN DOWN PAYMENT Amount \$500.00 Date to take out deposit from credit card: _____

PAYMENT PLANS

All payment plans do require a \$500 down payment which is deducted from the cost of tuition

If Choosing Payment Plan, please check the box below

_____ \$3,100: \$500 Down Payment/ \$325/month for 8 months.

_____ (initial) I agree to the payment plan chosen above

_____ (initial) I agree that if I have a payment plan, that I will keep it in good standing, and that if my account is sent to collections, I am responsible for the legal fees, late fees, and payment plan I have agreed to.

CONTRACT AGREEMENT

I, _____ hereby agree to the above-mentioned terms of the program. I have read and understand the REFUND POLICY and STANDARDS OF PROGRESS for this course and agree to its terms.

SIGNATURE: _____ DATE: _____