

604-649-9730

[www.thedentalreceptionist.com](http://www.thedentalreceptionist.com)  
[thedentalreceptionist@gmail.com](mailto:thedentalreceptionist@gmail.com)  
[thechairsideassistant@gmail.com](mailto:thechairsideassistant@gmail.com)

PAYING IN FULL BY September 30th, 2024 \_\_\_\_\_ (INITIAL)  
**OR** PAYING BY SPLIT-PAYMENT OPTION: \_\_\_\_\_ (INITIAL)

**Enrollment Contract for the Clinical Level: Theory and Fundamentals of Chairside Assisting Program**

Program Fee: \$1249.00 + GST (\$62.45) = **\$1311.45. ALL HANDOUTS ARE INCLUDED** (to be printed)!

\*\*\* **ONLINE PROGRAM:** Each attendee is required to have a laptop, PC or MAC with a camera and an internet connection in order to attend the program.

**Theory and Fundamentals of Chairside Assisting Certificate Program:** 10 sessions, 1 evening per week, 2 hours per class  
(Plus up to 1 "flex" session, if needed.)

**Next Start Date:** October 4th, 2024 **Class Times:** Fridays, 6-8PM

**GENERAL CLASS CONTRACT – Please read carefully!**

1. Must be 18 years or older or have a high school diploma or GED.
2. A non-refundable seat reservation/deposit of \$399.45 is due upon signing this contract.
3. Tuition may be paid e-transfer or Credit Card. All payment are payable to "Strictly Dental Receptionist Inc."
4. (If a payment is returned for insufficient funds, you will be charged a fee of \$50.00 and must pay within 48 hours of NSF notification.)
5. **If paying in full:**  
Balance of the fee (\$912.00) is due and must be PAID-IN-FULL on or before September 30th, 2024.
6. **If paying by Split-payment option:** schedule for payments is as follows: non-refundable \$399.45 deposit/seat reservation upon signing this contract plus the following payment schedule on or before:

September 30th, 2024 = \$496.00 / October 30th, 2024 = \$496.00

\*\*\*Please note that the split-payment option has a built-in administrative/convenience fee of \$80.00 \_\_\_\_\_  
(INITIAL HERE)

\*\*\*The Split Payment option requires that all post-dated payments are guaranteed by a pre-authorized e-transfer payment agreement (to be signed) and must be received by Strictly Dental Receptionist Inc. on or before September 30th, 2024

**BY MAIL:**

7. **All forms and fees (if applicable) can be mailed to:** \_\_\_\_\_ (INITIAL HERE)  
Strictly Dental Receptionist Inc.  
#8940 – 157 Street  
Surrey, BC, V4N 2Y5

OR

**BY EMAIL:**

All enrollment forms, deposits and 1st tuition payments or payments in full can be sent by email / e-transfer to [thedentalreceptionist@gmail.com](mailto:thedentalreceptionist@gmail.com)

8. There are no credits or refunds for missed classes.
9. \*\*\*Please note that missing more than 2 program sessions out of 10 may result in not being able to receive a Certificate of Completion.
10. Please note that if you need to cancel your enrollment on or after September 10th, 2024, you are responsible for 50% of the total tuition fee. After September 10th, 2024, no refunds will be issued and you will be responsible for the entire tuition fee in full.
11. If you wish to defer your enrolment to another class, you can do so once. Please note that you need to notify Strictly Dental Receptionist Inc. no later than September 10th, 2024. After this date, you can no longer defer your enrollment and will forfeit the deposit.
12. The use of cell phones is strictly prohibited during class.
13. If you require additional final exam sessions other than the one designated by the program, you will need to pay an exam fee of \$99.00+GST. You can retake the final exam a maximum of 1 time.
14. By signing, you agree that you are voluntarily participating in the Theory and Fundamentals of Chairside Assisting Certificate Program presented by Strictly Dental Receptionist Inc. and assume all risks to yourself and acknowledge that it is your responsibility to decide if you are physically and mentally fit for participation.
15. You understand that this is a private online training class and not affiliated with any other institution or business and does not guarantee employment upon completion.
16. The Theory and Fundamentals of Chairside Assisting Certificate Program content is the sole property of Strictly Dental Receptionist Inc and its contractor Magdalena Popiela. It is not to be recorded, taped or reproduced in part or its entirety. It is to be used only by the program attendee for learning purposes as registered with Strictly Dental Receptionist Inc. and not to be shared with any other party.

I, \_\_\_\_\_, agree to abide by the conditions set forth above.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_