**REGISTRATION APPLICATION**

**Dental Assisting 101**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s Date\_\_\_/\_\_\_/\_\_\_

Address

Prefered phone number (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date\_\_\_\_/\_\_\_\_/\_\_\_\_

High School Attended/GED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Graduation year\_\_\_\_\_\_

College / Tech School Education\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dental Interest or Experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career Goals\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about this school?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have selected the following payment plan for this Dental Assisting Course:

In the event that classes are not held, the $500 down payment will be refunded. No less than a $500 down payment is required no later than one week prior to the start of classes with either of the following payment plans to guarantee your place as a student.

Total tuition + $3800.00

\_\_\_\_ pd $500 down payment reserves my student position

Payment method\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Choose Payment plan:

\_\_\_\_\_\_\_\_\_\_\_$3300.00 balance paid on the first day of class

\_\_\_\_\_\_\_\_\_\_\_$825.00 paid at the start of classes 1, 2, 3, and 4

Dental Assisting 101 through The Institute of Dental Assisting

Classes held at: Dr. April Tressler – Greenway Family Dental

8215 Greenway Blvd. Suite 100 Middleton, WI 53562

Approved by the Wisconsin Educational Board.