Anna Kuchar	ek PAYING IN FULL BY SEPT 12, 2025 (INITIAL)
604-649-973	O OR PAYING BY SPLIT-PAYMENT OPTION:(INITIAL)
www.theden	talreceptionist.com
thedentalrec	eptionist@gmail.com
	Enrollment Contract for The Dental Receptionist Certificate Program
	Program Fee: \$1519.00 + GST (\$75.95) = \$1594.95 ALL HANDOUTS ARE INCLUDED (to be printed)!
<mark>***</mark> 0	NLINE Workshop: Each attendee is required to have a laptop or PC with a camera and an internet connection in order to attend the workshop.
	The Dental Receptionist Certificate Program: 24 sessions, 2 evenings per week, 2 hours per class
N	ext Start Date: September 18 th , 2025 Workshop Times: Mondays/Thursdays 6-8PM
	ADDITIONAL NOTES NO CLASS ON OCT 13
	FLEX DAYS: NOV 10, DEC 11
	GENERAL CLASS CONTRACT – Please read carefully!
	Must ha 10 users as aldes as have a high school dislama as CED
1. 2.	Must be 18 years or older or have a high school diploma or GED. A non-refundable registration fee/deposit of \$429.00 is due upon signing this contract to reserve your seat.
3.	Tuition may be paid by credit card or e-transfer.
4.	(If a payment is returned for insufficient funds, you will be charged a fee of \$50.00 which must pay within 48 hours of NSF notification.)
5.	If paying in full:
	Balance of the fee \$1165.95 is due and must be PAID-IN-FULL on or before September 12th, 2025.
6.	If paying by Split-payment: schedule for payments is as follows: non-refundable \$429.00 deposit upon signing this contract plus the following payment schedule on or before:
	SEPT 12, 2025 = \$425.40 / OCT 12, 2025 = \$425.40 / NOV 12, 2025 = \$425.40
	***Please note that the split-payment option has a built-in administrative fee of \$110.25 (\$105.00+ GST)
	BY MAIL: (INITIAL HERE)
7.	All forms can be mailed to:
	Strictly Dental Receptionist Inc.
	8940 – 157 Street
	Surrey, BC, V4N 2Y5
	BY EMAIL:
	All enrollment forms, deposits and 1 st tuition payments or payments in full can be sent by email / e-transfer to thedentalreceptionist@gmail.com
	PAYMENTS VIA CREDIT CARD: (INITIAL HERE)
	All credit card payments can be made through the website portal at <u>www.thedentalreceptionist.com</u> under "PAY ONLINE" through the Stripe Payment secured site
	(INITIAL HERE)
	***THE SPLIT PAYMENT OPTION REQIRES A SIGNED SPLIT-PAYMENT AGREEMENT ON FILE
	(PLEASE REQUEST IT IF YOU ARE DOING A SPLIT-PAYMENT OPTION VIA E-TRANSFER or CREDIT CARD)***
8.	There are no credits or refunds for missed classes.
9. 10.	***Please note that missing more than 4 workshop sessions out of 24 will result in not being able to receive a Certificate of Completion. Please note that once you are registered and wish to cancel your enrolment before August 21st, 2025, you will forfeit your deposit. Cancellations between August 21 st
10.	and September 1st, 2025 are responsible for 50% of the total tuition fee (\$797.48).
11.	After September 1st, 2025, no refunds will be issued and you will be responsible for the entire tuition fee in full (\$1594.95)
12.	If you wish to defer your enrolment to a future class, you can do so, once. Please note that you need to notify Strictly Dental Receptionist Inc. in writing no later than by September 1st, 2025. After this date, you can no longer defer your enrollment.
13.	
14.	If you require additional final exam sessions other than the ones designated by the workshop, you will need to pay an exam fee of \$99.00+GST. You can retake the final
15.	exam a maximum of 1 time. Certificates of completion are digital. If you wish to order a printed copy, the cost is \$25.95 +GST
15.	
	assume all risks to yourself and acknowledge that it is your responsibility to decide if you are physically and mentally fit for participation.
17.	
18.	The Dental Receptionist Certificate Program content is the sole property of Strictly Dental Receptionist Inc. and is not be recorded or taped under any circumstance. It is to be used only by the program attendee as registered with Strictly Dental Receptionist Inc. and not to be shared with any other party.
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ı,	, agree to abide by the conditions set forth above.

***PLEASE INDICATE (check mark) IF:

SIGNED:_____ DATE:_____

Strictly Dental Receptionist Inc.

LEVEL 1: The Dental Receptionist Certificate Program

E-Mail:____

Phone Number:_____