FOOTHILLS DENTAL ACADEMY

DENTAL ASSISTING PROGRAM | STUDENT REGISTRATION FORM

STUDENT INFORMATION

Full Legal Name _____ Preferred Name _____

Date of Birth _____ Phone Number _____

Email Address _____

Mailing Address _____

City, State, ZIP _____

Emergency Contact Name _____ Emergency Contact Phone _____

PROGRAM SELECTION & TUITION

Please select ONE option below. The $500 deposit is included in the total tuition listed for your selected option.

☐ **BUNDLE PROGRAM — $4,700 TOTAL**
Includes Dental Assisting with Radiology certificate, plus coronal polishing and nitrous oxide monitoring courses.

☐ **DENTAL ASSISTING PROGRAM ONLY — $4,200 TOTAL**
Includes Dental Assisting with Radiology certificate. **Coronal Polishing and Nitrous Oxide Monitoring are not included.**

Tuition payment summary

Required deposit (applied toward tuition, non-refundable)	**$500.00**
Balance with bundle option	**$4,200.00**
Balance with Dental Assisting only option	**$3,700.00**

Selected option: ☐ Bundle ($4,700) ☐ Dental Assisting only ($4,200)

MEDIA & IMAGE RELEASE

Foothills Dental Academy may take photographs or videos during class, training activities, and events. Please select your preference below regarding use of your image or likeness in academy promotional materials, including the academy website and social media.

☐ **YES, I give permission** for Foothills Dental Academy to use photographs and/or videos of me on its website, social media pages, and other promotional materials.

☐ **NO, I do not give permission** for Foothills Dental Academy to use photographs and/or videos of me in promotional materials.

I understand that choosing “No” will not affect my enrollment in the program. I may contact the academy in writing if I wish to change my preference.

STUDENT ACKNOWLEDGMENT

I certify that the information provided on this form is accurate. I understand the program option and tuition amount selected above and acknowledge that the $500 deposit is part of, not in addition to, the total tuition. I understand that additional program policies, payment deadlines, attendance expectations, and refund terms may be provided separately by Foothills Dental Academy.

Student Signature _____ Date _____

Thank you for your interest in Foothills Dental Academy!