Blessing Channels Wail Academy

Manicuring Program Enrollment Agreement Form

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Name:		DOB:		
First Middle Phone Number:	Last E-Mail Address:	M	lonth Day Yeş	ar · ·
Address:	City:	State:	Zip Code:	
Social Security Number:		Morning	g Mon/Wed 10A-3P	
Start Date: End [xx xxxx Date:	Evening	Tues/Thurs 5P-10P	
TOTAL COURSE COST: \$2250.00	Deposit to be paid before first day of class:		Vays to Pay:	
Enrollment Fee: \$150.00 (non-refundable)	\$750.00	CAS	CASH/CHECK/CC @ @BCNA76 \$BCNA	
Student Kit & Online Study Materials: \$350.00 (non-refundable)	(This includes the first			
Tuition Cost: \$1750.00	week's payment)			
rund Policy may terminate this agreement at any time. u terminate this agreement within five days you will receive a refu u subsequently terminate this agreement prior to the commences inistrative costs described in paragraph 7. u terminate this agreement during the first quarter of the progran	ment of the program, you will receive	a refund of all monies	s paid, less the actual reason	Λ
u terminate this agreement during the instituding to the program onable administrative costs described in paragraph 7. u terminate this agreement during the second quarter of the prog				Ţ,
inistrative costs described in paragraph 7. u terminate this agreement during the third quarter of the progra		, .		The state of the s
inistrative costs described in paragraph 7. u terminate this agreement after the initial five day period, you wi	ill be responsible for actual reasonable	e administrative costs	incurred by the school to en	nroll you and to
ess your application, which administrative costs shall not exceed the characteristic and made a part of this agreement.	fifty dollars or five per cent of the con	tract price, whichever	is less. A list of such adminis	strative costs is
u wish to terminate this agreement, you must inform the school in			n the day such writing is ma	illed.
school is not obligated to provide any refund if you terminate this	s agreement during the fourth quarter	r or the program.	*	
Raing apro	lled in this nail technician co	nurce agree to b	av the feet at proteri	hed above
ntain a professional attitude, to obey state and so		tain good attend	lance while enrolled i	
TURE/PARENT OR GUARDIAN SIGNATURE FOR MINORS			Date:	VO SI
ADMINISTRATOR SIGNATURE:		Date		
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