

Enrollment Form (Basic Pet Grooming Course)

Cindy's Canine Companion's Dog Grooming Salon & School
12 Chestnut St.
Bethel, PA 19507
717-933-1333

Name: _____ Date: _____

Address: _____

Telephone: _____ Email Address: _____

Cell Phone: _____ Emergency Contact: _____

Relationship: _____ Phone: _____

Education: My highest level of education completed is: (check one)

Elementary School _____

Secondary School _____

College _____

Experience:

Outline your reasons for wanting to become a Groomer:

Medical History:

Allergies: Yes ___ No ___

Diabetes: Yes ___ No ___

Epilepsy: Yes ___ No ___

Heart Condition: Yes ___ No ___

High Blood Pressure: Yes ___ No ___

Impaired Vision: Yes ___ No ___

Medications: Yes ___ No ___

Size Shirt (Check one) Sm ___ Med ___ Large ___ X-lg ___

Right handed or left handed? (Circle one)

Type of Program interest in:

___ *5 week 9-5pm Tuesday-Thursday*

___ *10 week 9-1pm, 1-5pm, or 6-10pm, Tuesday-Thursday*

___ *Customized schedule*

Can we use your name as a reference upon completion of class? _____

TUITION AND FEES

Basic Pet Grooming – Tuition, Lab Fees, and application fee, \$3,250 + Equipment and carrying case \$650.00= \$3,900 Total number of clock hours 250. Certificate of Completion will be issued when completed.

Refund Policy- See attached information

I have read the following pages, and understand the said pages

Student Name _____ Date _____

