Blessing Channels Wail Academy Manicuring Program Enrollment Agreement Form

Name:	Middle	 Last	DOB: Month	Day Year	
Phone Number:	Middle	E-Mail Address:	Month	Duy Icui	
Address:		City:	State:	Zip Code:	•
Social Security Number:			Morning Mon/Wed	d 10A-3P □	
XXX XX XXX		<u> </u>	Evening Tues/Thurs 5P-10P □		
Start Date:	End Date:				
TOTAL COURSE C	OST: \$2250	Deposit to be paid	Ways t	o Pay:	7
Enrollment Fee: "#" " 🖍	a` ŽdVMo` VST 4V6i	TVMadNfirst day of class:	CASH / CHECK / CC		
Enrollment Fee: "#" / a` Žd/Mg` VST /Wi Student Kit & Online Study Materials, "%" / a` Žd/Mg` VST /Wi Tuition Cost: "1) ' "		″7' " ∕FZ[e [`U'gVWefZWW[def	₩ @BCNA76		
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Blessing Channels Nail Academy Payments & Attendance Tracker

Name:		Class Start Date:					
PAYMENTS							
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