

Enrollment Agreement – Prevention of Contagious Disease Transmission (3 Hours)

Austin’s School of Spa Technology

855 Central Avenue - Albany, NY 12206 - Phone (518) 438-7879 – www.austin.edu

Name: _____ Soc Sec #: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Mobile Phone: () _____ E-Mail: _____

Hours of operation: Monday - Friday 8:45AM-10:00PM, Saturday 8:45AM-3:00PM

I hereby enroll in Austin’s School of Spa Technology, Albany, NY for a program in **Prevention of Contagious Disease Transmission (3 hours)**:

Starting Date: _____ Scheduled Completion Date: Same as starting date

The program must be completed in its entirety (3.0 instructional hours) and student must pass the final written examination.

3 INSTRUCTIONAL HOURS:

Scheduled Day and Date: _____ **Starting Time:** _____ **Ending Time:** _____

Cost of Instruction: Tuition \$34.00; Registration Fee \$0.00; Books and Supplies \$15.00 **Total Cost of Instruction \$49.00**

Method of Payment: **Payment in Full Must Be Received Prior to Class Starting Date and Time**

REFUND AND CANCELLATION CLAUSE

A. A student who cancels within 7 days of signing the enrollment agreement but before instruction begins receives all monies returned.

B. Thereafter, a student will be liable for:

1. the cost of any textbooks or supplies accepted plus
2. tuition liability as of the student’s last date of physical attendance. Tuition liability is determined by the percentage of the program offered to the student.

If termination occurs school may keep

0 - 15% of the program	0%
16 - 30% of the program	25%
31 - 45% of the program	50%
46 - 60% of the program	75%
After 60% of the program	100%

C. The student refund may be more than that stated above if the accrediting agency refund policy results in a greater refund.

PROGRAM COMPLETION

A certificate of completion will be issued to the student when all required hours and written tests are completed. All tuition and any other charges will be due prior to final examination. The school reserves the right to suspend or discontinue any student for misconduct, infraction of rules, non-payment of tuition, or lack of satisfactory progress.

DISCLOSURE STATEMENT

I have received a copy of student disclosure material.

Applicant's Signature: _____

Date: _____

STUDENT STATEMENT

I acknowledge that I have received a copy of the school catalog prior to signing this agreement; that I have read and received a copy of this agreement; and that I will abide by the provisions spelled forth in the enrollment agreement, school catalog, and other school policies and regulations.

Applicant's Signature: _____

Date: _____

CO-SIGNER STATEMENT

For value received, the undersigned hereby agrees to be jointly and severally liable with the applicant on the obligations of the applicant hereunder.

Co-Signer's Signature: _____

Date: _____

STUDENT ENDORSEMENT

I acknowledge that the agent who enrolled me was:

Agent Name Rachel A. Mulligan

Certificate # 11554957

Certificate Exp Date: 09/29/2010

Applicant's Signature: _____

Date: _____

ACCEPTANCE STATEMENT

This is to certify that in my opinion the above applicant meets the standards for application to Austin's School of Spa Technology.

School Official Signature: _____

Date: _____

School Official Name and Title: Jill R. Delaney, School Director

Please return this enrollment agreement with your payment in form of check or money order to:

**Austin's School of Spa Technology
Attn: PCDT Course Registration
855 Central Avenue
Albany, NY 12206-1513**

Applicants paying cash may drop it their registration/payment off at the Admissions Reception Desk during business hours.

This Space Reserved for School Use Only

Tuition and Fees Received On:	Method of Payment:	Notes: