

**BEAUTY ACADEMY & SUPPLIES
EDUCATION CENTER**

Required Deposit to register for class: _____

Balance Due 2 weeks Prior to start date: _____

Training Manual: **Included in tuition**

Certificate of Completion: **Included in tuition**

Total: \$ _____

*Machine and supplies to practice will provided during training only.
Students will use a rotate and Digital machine during class.*

It is the student's responsibility to take **2 hours Blood Borne Pathogen** and **2 hours Basic First Aid** for Certification.

All classes fees are non refundable

Class: _____

How do you know us? _____

Payment: **Cash / Check / Credit Card 3%service charge apply**

Date Registration: _____

Student Name: _____

Address: _____

Phone: _____

Email: _____

Driver License: _____ / **License #:** _____

Esthetic/Cosmetology

Signature: _____ **Date:** _____