



523 S Chickasaw Trail

Orlando, Florida, 32825

Application for admission

407-704-6377

Directions: Please complete the application. The name printed on the diploma will be the **same** as the one in the application.

Student name: _____		
Street or P.O. Address: _____		
City: _____	State: _____	Zip: _____
Home phone: _____	Work phone: _____	Cell phone: _____
Date of birth: _____		
Occupation: _____		
Email: _____		

Which program are you applying

☐	Professional Dog Trainer
☐	Professional Dog Groomer 102
☐	Dog Bather-Animal Care Assistant 101
☐	Complete Professional Pet Care Program

Program Title	Professional Dog Trainer
Program Length	224 Hours
Program completion time	8 weeks
Program cost:	
Registration fee (nonrefundable)	\$ 150.00
Graduation fee (nonrefundable)	100.00
Program tuition	7,200.00
Student kit	650.00
Total program cost	\$8,100.00
Class schedule	Tuesday to Friday
Hours	9:00 AM- 5:00 PM
Starting date	
Anticipated program completion date	



Application for admission

Program Title	Professional Dog Groomer 102
Program Length	300 hours
Program completion time	11 weeks
Program cost:	
Registration fee (nonrefundable)	\$ 150.00
Graduation fee (nonrefundable)	100.00
Program tuition	6,000.00
Student kit	2,700.00
Total program cost	\$9,850.00
Class schedule	Tuesday to Friday
Hours	9:00 AM- 5:00 PM
Starting date	
Anticipated program completion date	
Program Title	Dog Bather-Animal Care Assistant 101
Program Length	200 Hours
Program completion time	11 weeks
Program cost:	
Registration fee (nonrefundable)	\$ 150.00
Graduation fee (nonrefundable)	100.00
Program tuition	5,300.00
Student kit	1,200.00
Total program cost	\$6,750.00
Class schedule	Tuesday to Friday
Hours	9:00 AM- 5:00 PM
Starting date	
Anticipated program completion date	
Program Title	Complete Professional Pet Care Program
Program Length	600 Hours
Program completion time	6 months 2 weeks
Program cost:	
Registration fee (nonrefundable)	\$ 150.00
Graduation fee (nonrefundable)	100.00
Program tuition	14,000.00
Equipment kit	6,000
Total program cost	\$20,250.00
Class schedule	Tuesday to Friday
Hours	9:00 AM- 5:00 PM
Starting date	
Anticipated program completion date	



523 S Chickasaw Trail

Orlando, Florida, 32825

407-704-6377

Application for admission

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.
Please, be sure to sign and date this form

Name: _____

Phone home: _____ Cell: _____

1. Primary Emergency Contact Name: _____

Relationship: _____ Email: _____

Address: _____

Home: _____ Cell: _____ Work: _____

2. Secondary Emergency Contact Name _____

Relationship: _____ Email: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Preferred Local Hospital: _____

Insurance Information:

Company: _____ Policy #: _____

Comments (Include any special medical or personal information you would want an Emergency care provider to know – or special contact information):

By signing, I consent to calling contacts or 911 in case of an emergency. I acknowledge that the information presented is up-to-date, accurate and truthful to the best of my knowledge.

Signature: _____ Date: _____



Application for admission

Cancellation and refund policy

If students are terminated, withdraw or cancel, for any reason, all refunds will be according to Fair Consumer Practices:

1. Cancellation must be made in person or certified mail.
2. If the Academy cancels a course program or temporarily closes, the students are entitled to a full refund if attendance has not begun. Otherwise, the refund will be in a pro rata return.
3. All monies including the application fee will be refunded if the Academy does not accept students or if students cancel within three (3) business days after signing the application and making the first payment.
4. Cancellation after the third business day but before the first class will result in a refund of all monies paid, with the exception of the application fee (not to exceed more than \$150), equipment kit and textbook, if purchased from the school.
5. Cancellation after classes have begun through 40% completion of the program, will result in a pro rata return based on the number of hours completed to the total of hours in the program.
6. Cancellation after completing more than 40% of the program will result in no refund.
7. Termination date: In calculating the refund due to students, the last date of actual attendance by students is used in the calculation unless earlier written notice is received.
8. All refunds will be made within 30 days of the dates the academy determines students have withdrawn.

Termination policy

A student may be dismissed by the Director of Dog Groomer Academy prior to completion of the program for any of, but not limited to, the following reasons:

1. Insufficient academic progress as outlined in the school's Satisfactory Progress Policy.
2. Failure to comply with rules outlined in the catalog covering in the Catalog.
3. Nonpayment of the tuition balance before the first day of class.
4. Absences that violate student conduct
5. Failure to successfully complete the program within the maximum time frame.



523 S Chickasaw Trail
Orlando, Florida, 32825
407-704-6377

Application for admission

Stages for applying: _____(initials)

1. Complete application
2. Complete emergency contact form
3. Read and sign catalog
4. Pay in full courses before classes begin
5. All programs must be paid in full before classes begin.
6. At the end of a satisfactory completion of the Program, a Diploma will be issued.

_____ I certify that all answers I have provided on this application are up to date and accurate.

_____ I received and read copy of the application and catalog.

_____ I received copy of the Termination or Cancellation Policy.

_____ I received copy of the Refund Policy.

_____ Employment: It is understood that a satisfactory course completion does not guarantee employment.

_____ The enrollment application and the catalog constitute a binding agreement between the student and Dog Groomer Academy.

Date: _____

Print _____ Signature: _____
Applicant

Print _____ Signature _____

Limaris Sánchez – Director