Assabet Valley

CENTER FOR CONTINUING EDUCATION

215 Fitchburg Street, Marlboro, MA 01752
1-800-537-6663 ext. 1474 or (508) 263-9651

FALL 2010 ESTHETICS PROGRAM

Application for Admission

#11211

STUDENT INFORMATION:

Name_____
(Last) (First) (Middle)

Address_____

City/Town_____ **State**_____ **Zip** _____

Social Security Number _____ **Date of Birth**_____

Home Phone # _____ **Cell Phone #** _____

Employer's Name _____**Phone #**_____

Email _____

EMERGENCY INFORMATION:

Person to be notified in case of emergency: _____

Address: _____ **Telephone #** _____

LAST SCHOOL ATTENDED:

Dates Attended **Graduation Date**

_____ _____ _____
(Name & City of School)

I have a High School Diploma or a G.E.D. Certificate ☐ Yes ☐ No

PAYMENT INFORMATION:

Amount enclosed: ☐ **$250.00** (Esthetics Registration Fee)

☐ **Other** **$** _____

Payment method: ☐**Check** ☐**Cash** ☐**Mastercard** ☐**Visa** ☐**Discover**

Credit/Debit card acct no: _____ **Exp. Date:**_____

Card holder's signature: _____**Date:**_____

_____ _____
Signature of Applicant **Date**

Please return this completed application form along with your Payment Plan Contract and your Registration Fee.Thank you.