

# **ENROLMENT CONTRACT FORM – LASH & BROW TINTING SHORT COURSE**

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_

wish to enrol at the Centre of Wellness, 620 Clayton Road, Helena Valley.

Preferred Day/Dates: \_\_\_\_\_

<b><u>PAYMENT OPTION 1</u></b>	
<b>Total</b>	<b>\$150.00</b>

Please indicate which payment option you wish to use:

Option 1: ( )      Option 2: ( )

<b>Payment Details:</b>	CASH ( ) \$ _____	CHEQUE ( ) \$ _____
VISA ( )	BANKCARD ( )	BANK DEPOSIT ( )
Card Number: _____	Expiry Date: _____	
Cardholder Name: _____	Amount: \$ _____	
Cardholder Signature: _____		
Authority to debit Credit Card _____		
Date of Authority _____		

1. I agree the deposit for my course is payable at least 7 days before the start of the course.
2. I agree that if paying instalments, I will authorise the Centre of Wellness to deduct by weekly payments with my credit card.
3. I acknowledge that on signing this agreement I become liable to pay the full amount, whether or not I attend all the classes or withdraw before the end of the course.
4. I understand that delays in paying my fees will result in my exclusion from class.
5. I agree that if I cancel my enrolment in a course less than 7 days before the course starts there is no refund and the fee paid will be credited to a future course.
6. I accept that a \$10.00 fee will be imposed on all late payments outstanding for a period of greater than 7 days.
7. I understand that if I am absent from any lesson, there will be a \$125 fee per day imposed for a private lesson, before I can return to class.
8. I agree to indemnify the Centre of Wellness in respect to all debt collection costs and commissions as a result of my fees becoming outstanding.
9. I understand the Centre of Wellness cannot accept responsibility for any accident, injury damage or loss of property through negligence and/or inappropriate behaviour.
10. I have read and understood and agree to abide by these conditions.
11. I understand that this contract is in my name only, applies to me alone and cannot be transferred to any other party.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
For Students under 18 years of age

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

C/M: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_