

Enrollment Form

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>		
City/State	<input type="text"/>	Zipcode	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Last 4 of SS#	<input type="text"/>	Are you a U.S. Citizen	
Date of Birth	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Schedule Options

- ☐ Mon, Tues, Fri: 10am - 12pm
- ☐ Mon, Tues, Fri: 6:30pm - 8:30pm
- ☐ Wed & Thurs 10am - 12pm
- ☐ Wed & Thurs 7pm - 9pm

Please Choose Your Nail Course

- ☐ Beginner Nail Technology Course
- ☐ Advanced Nail Technology Course
- ☐ Acrylic Application 101
- ☐ Nail Art 101
- ☐ Business 101

Payment Option

- ☐ Beginner Full Installment
- ☐ Beginner 2 Installments
- ☐ Beginner 3 Installments
- ☐ Advanced Full Installment
- ☐ Advanced 2 Installments

Signature: _____ Date: _____