

**POOCH PARLOR PET GROOMER ENROLLEMENT CONTRACT**

210 Triangle Dr. Suite D  
Ponderay, ID 83852  
208-255-2699

Student name \_\_\_\_\_

Student Address \_\_\_\_\_

\_\_\_\_\_

Student email: \_\_\_\_\_

Student Phone \_\_\_\_\_

Student Cell phone, textable? \_\_\_\_\_

Student Start Date \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Course Enrolled in \_\_\_\_\_

Deposit Made \_\_\_\_\_ Date \_\_\_\_\_

Expected Payment Dates (if arrangements are needed)

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Physical limitations or conditions we need to know  
about: \_\_\_\_\_

\_\_\_\_\_

By signing this contract, you agree to all the terms and conditions of  
Pooch Parlor Pet Groomer Training Academy.

Parent Signature \_\_\_\_\_

If student under 18 years of age.

Teacher Signature \_\_\_\_\_

Date: \_\_\_\_\_