

Enrollment Application

Student Information

Student Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ - _____ - _____

Schedule Options

Schedule: Full-Time _____ Part-Time _____

If full time: Full-Time Mornings 1 _____ Full-Time Mornings 2 _____ Full-Time Mixed _____

If part time: Part-Time Night 1 _____ Part Time Night 2 _____

Start Date: _____

Payment Options

Payment Method: Check: _____ Money Order: _____ Credit Card: _____

Name as it appears on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Please mail to
Hudson Valley School of Advanced Aesthetic Skin Care,
Post Office Box 174, 1723 Route 9W, West Park, New York 12453

We accept all major credit cards:

