BAH CAREER TRAINING INC.

2433 Goldfinch Lane, Garland Texas 75042
Tel: 972 – 272 - 5820
"Where success starts"
www.bahcareer.com

First Name:_____ Last Name:_____ Phone #:_____

Address:_____ City:_____ State:_____ Zip:_____

Email Address:_____ Date:_____

Program Name:_____

Start Date: _____

The _____Program is____ Clock Hours in length. Minimum time required to complete the program is____weeks. The maximum time allowed to complete the program is seven weeks.

PRICE

Registration	_____
Tuition	_____
Books and Supplies	_____
Total Cost	$

Cost of tuition and Textbook/Workbook Package are subject to change.

Payment Method and Payment Schedule

Total cost for the program is $_____ with $200.00 due at registration paid weekly thereafter. The remaining balance of the total cost is due before the ending of The program.

includes all the tuition and books.

TOUR OF SCHOOL FACILITIES

I _____ have received a

Complete tour of the school facilities and also had the opportunity to inspect the instruction equipments, restrooms and exit signs before registration.

Payments can be made with:

☐ Credit/Debit Card ☐ Cash

Card #_____exp._____

Name of Cardholder_____

I authorize Healthcare Career Centers to charge my credit card account listed above on the date(s) designated above.

_____ _____
Signature of Cardholder Date

Cancellation and Refund Policy
In accordance with Texas Education Code, Section 132.061 and Texas Administrative Code 807, Subchapter N, the student will be provided a copy of the Cancellation and Refund Policy relating to enrollment at this institution.

APPROVED AND REGULATED BY THE TEXAS WORKFORCE COMMISSION, CAREER SCHOOLS AND COLLEGES, AUSTIN, TEXAS.

Also by signing below I _____ acknowledge that I have received a copy of this form and current school catalog.

_____ _____
Signature of students **Signature of authorized school official**