KALLIDORA
ACADEMY

Enrolment Form

Certificate in Waxing

Cost of Course: €800

PERSONAL INFORMATION:

I.D. NUMBER _____

NAME _____

SURNAME _____

MOBILE NO. _____

EMAIL ADDRESS _____

SEX _____

DATE OF BIRTH _____

AGE _____

HOME ADDRESS _____

CITIZENSHIP _____

MEDICAL CONDITIONS _____

DISABILITY CONDITIONS _____

HIGHEST QUALIFICATION LEVEL _____

EMERGENCY CONTACT NO. _____

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PRACTICE LECTURES:

The standard schedule for practical lectures:

Saturdays 13:30 – 17:30

Should another class be opened, please list any other dates and times you would be available to attend: _____

COURSE FEE PAYMENT AGREEMENT:

Kindly tick the selected payment method:

☐ **Opt. A: FULL PAYMENT IN ADVANCE**

I, _____ confirm that I have paid the full course fee, that of **€800** upon registration of the course.

OR

☐ **Opt. B: EASY PAYMENT METHOD SCHEME:**

I, _____ confirm that I have paid a **€200 deposit** upon registration of the course. The remaining balance of **€600** will be paid in **3 monthly installments of €200** each, starting from **December** and ending in **February**.

All installments must be settled no later than the last calendar day of each month.

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DECLARATION:

I, the undersigned, confirm that I have read, understood, and signed the **Enrolment Agreement** provided by the Academy.

I acknowledge and understand that should I choose to discontinue this course for any reason, the following terms will apply:

- If the **Flexible Payment Plan** has been selected, **the full outstanding balance remains payable,** regardless of attendance, participation, or course completion.
- **No refunds will be issued**, and payments made are **non-transferable** to any other course or service.

Date: _____

Student Name & Surname: _____

Student's Signature: _____

School Principal's Signature: _____