

DIAMOND CUT DOG GROOMING SCHOOL
483 Medina Road Rt. 18
Medina, OH 44256
(330) 239-1471 (Voice)
(330) 239-4744 (Fax)

Email: nancy@schoolfordoggrooming.com

ENROLLMENT APPLICATION

PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOU:

Weekday Classes: () Tuesday () Wednesday () Thursday () Friday

Weekend Classes: () Saturday

() CERTIFICATE PROGRAM: DOG GROOMING INSTRUCTION 80 HOURS

SCHOOL HOLIDAYS:

New Years Eve and New Years Day
Memorial Day (Observed)
Independence Day (July 4th)
Labor Day
Thanksgiving Day
Christmas Eve and Christmas Day

THE SCHOOL HAS THE RIGHT TO AMEND THE CALENDAR

(PLEASE PRINT CLEARLY). PLEASE FILL IN ALL OF THE FOLLOWING INFORMATION:

Enrollee's Name: _____ Date: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number and State of Issuance: _____

Home Address: _____

Telephone: (Home) _____ (Work) _____

Parent or Guardian's Name: _____

Parent or Guardian's Address: _____

Parent or Guardian's Home Phone Number: _____

Parent or Guardian's Work Phone Number: _____

BACKGROUND INFORMATION: PLEASE ANSWER ALL QUESTIONS:

Last High School Attended: _____

Address Of High School Attended: _____

Did you graduate? () Yes () No

What was your course of study? _____

Trade, Business or Correspondence School? () Yes () No If Yes, Which One? _____

_____ Did you graduate? () Yes () No

Spouse's Name: _____ Spouse's Work Phone: _____

Spouse's Employer: _____

Spouse's Employer Address: _____

How did you first hear about Diamond Cut Dog Grooming School? _____

Are you currently employed? () Yes () No

Name and Address of Current Employer: _____

Phone Number of Current Employer: _____

Your Medical History:

Are you on medication? () Yes () No

If you are on medication, please list: _____

Do you have any allergies? () Yes () No

Do you have any Asthma? () Yes () No

Diabetes? () Yes () No

Impaired Vision? () Yes () No

Heart Condition? () Yes () No

Learning Disability? () Yes () No

Prosthetic Device? () Yes () No

High Blood Pressure? () Yes () No

Are you pregnant? () Yes () No

Do you have any medical problems that may interfere with you being a groomer () yes () no

Do you think, in your opinion, that you may have any problem in ability to not perform as well as a professional dog groomer as the next person? () Yes () No

Are you a quitter, when times get rough? Yes() No ()

Do you understand that dog grooming is very hard work? Yes() no ()

Puppies, old dogs, and dogs that have been mistreated may be the difficult ones to groom do you understand that? Yes() no ()

Do you have any problems that may prevent you from finishing this course of Dog Grooming Instruction? Yes() no ()

Why are you taking this course of Dog Grooming Instruction?

Do you have any doubt in your mind that you could not do this? Yes () no ()

Please list two (2) references and explain how you know them and how long you have know them. Please include their address and phone number:

Reference (1): _____ Relationship: _____

Address: _____

Telephone: (Home) _____ How Long Have You Known This Person? _____

How have you come to know this reference? _____

Reference (2): _____ Relationship: _____

Address: _____

Telephone: (Home) _____ How Long Have You Known This Person? _____

How have you come to know this reference? _____

Have you had any prior grooming experience? () Yes () No

In Case Of Emergency, Please Notify:

Name: _____ Relationship To You: _____

Address: _____

Phone: (Home) _____ (Work) _____

Questionnaire

Please Tell Me About Yourself: _____

Why do you want to learn DOG GROOMING INSTRUCTION? _____

Do barking dogs bother you? () Yes () No

Do you mind cleaning up after class is finished? () Yes () No

Do you require continuous one-on-one instruction in class? () Yes () No

Are you able to work on your own once you have been instructed? () Yes () No

Do you have a sense of humor? () Yes () No

Are you a leader or a follower? () Leader () Follower

Do you have patience? () Yes () No

Are you a dedicated person? () Yes () No

If you had to work late hours, would this bother you? () Yes () No

Do you have a sense of responsibility? () Yes () No

Are you a punctual person? () Yes () No

Are you reliable? () Yes () No

Do you handle stress well? () Yes () No

Are you patient with animals? () Yes () No

Can you take criticism? () Yes () No

Do you work well with other students? () Yes () No

Do you have common sense? () Yes () No

In your opinion, do you have artistic ability? () Yes () No

Would you like to work in a grooming shop or own your own business?

Work in a grooming shop: () Yes () No Own your own business? () Yes () No

Are you afraid of dogs? () Yes () No

If you would like to add anything more to this application, please do so: _____

Enrollee's Signature _____ Date: _____

Representative: _____ Date: _____

Parent or Guardian (if applicable): _____ Date: _____