

PLEASE PRINT CLEARLY. Must be 18 years of age to apply.

I wish to enroll in: HVAC Service Tech Certificate Program

Student Information

Last Name:		First Name:		Student Status: <input type="checkbox"/> FIRST TIME <input type="checkbox"/> RETURNING	
Address:			City:	State:	Zip Code:
Contact Phone:			Email:		
Date of Birth:		SSN:		Current Hourly Pay Rate:	
Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Highest Level of Education: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Trade School <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Other					
Race (Optional): <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Other					

Employment Information

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employment Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Type of Work:	
Employer's Name:			Phone:		
Address:			City:	State:	Zip Code:

Statement of Financial Responsibility

Bill Tuition to: <input type="checkbox"/> Sponsoring Company <input type="checkbox"/> Student		Bill Tuition Payment(s) as: <input type="checkbox"/> Payment in Full <input type="checkbox"/> Semester Payments <input type="checkbox"/> Monthly Payments			
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Please read carefully and sign below. This establishes your financial responsibility.

- 1) The Financially Responsible Party is responsible for full payment of tuition and fees associated with the Training Program, regardless of student attendance.
- 2) Initial tuition payment is due no later than the first night of class via cash, check, or credit card:
 - Payment in Full: Full tuition payment + Entrance Exam Fees
 - Semester Payments: One semester payment + Entrance Exam Fees
 - Monthly Payments: Two months of tuition payments + Entrance Exam Fees
- 3) Book fees are included in tuition payments.
- 4) ACH Payments are preferred and will be processed on the 1st of the month automatically with a completed ACH form on file.
- 5) Tuition payment via invoice is sent via email 15 days prior to due date. A late fee of \$35 is automatically assessed on the 16th of every month that tuition remains unpaid.
- 6) In the event a student drops from the program, regardless of reason, a written notice must be received from the financially responsible party, at which time the current month the student drops will still be charged. No refunds are given after the first of the month, regardless of the date the student leaves the program, and no refunds are given for any prepaid tuition.
- 7) For accounts 45 days past due, student will be suspended, and an official letter will be issued to the financially responsible party as formal notification. Student WILL NOT be permitted to attend class until full payment is received and a valid credit card must remain on file for payments thereafter. Continuous non-payment of tuition and fees will result in cancellation of student enrollment and withholding of services, certifications and grades until financial liabilities are resolved. Outstanding debt is reported to credit bureaus & collection costs, including attorney fees, may be incurred.

Signature of Financially Responsible Party		Date	
Print Name:	Phone:	Email:	

Registering Student – Please read carefully and sign.

As a Student in the PHCC Academy of San Diego HVAC Service Tech Certificate Program, I certify that:

1. All classroom hours are required. I will attend and report to all classes on time and remain for the duration of class.
2. I will adhere to all rules and regulations of the training program.

Student Signature		Date	
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The Plumbing-Heating-Cooling Contractors Academy of San Diego admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and other school-administered programs.

PHCC Academy of San Diego HVAC Service Tech Program Registration Form



Recurring Payment Authorization Form

PHCC Academy of San Diego will require authorization to implement automatic recurring credit card or ACH payments. Please complete this authorization form below and we will automatically process your payment as requested reoccurring option and email a confirmation receipt. Please return this form in person or via email to Juri@phccsd.org with subject line "Academy payment form". Payments will be processed on the 1st of the month indicated and will be charged the amount indicated each billing period. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 15 days prior to the payment being collected.

Customer information

Customer Name:		Phone:	
Address:	City	State	Zip
Remittance Email Address (PRINT CLEARLY):			

Payment Information

Amount: \$ _____ Frequency: Monthly Semester Annually
 Start Date: ____ / ____ / ____

Payment Information: Please fill out one option

For ACH payment option

Bank Name	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
ACH Routing Number (9 Digits)	Account Number

For Credit card payment option

Card Type: (Select one) <input type="checkbox"/> Visa <input checked="" type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Amex		
Card Holder's Name:		Zip Code:
Card Number:	Expiration Date:	CVV:

*I Authorize PHCC Academy of San Diego to use the information listed above for automatic payments as specified.

Customer Signature: _____ Date: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify PHCC San Diego Chapter in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For denied payments, I understand that PHCC San Diego Chapter may at its discretion attempt to process the charge again within 30 days, which will be initiated as a separate transaction from the authorized recurring payment. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. All late, bounced or denied payments are subjected to administration reprocessing fees of \$35.