



## Business Management Course Application

Today' Date: \_\_\_\_\_

Class Course Date: \_\_\_\_\_ Location: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initials \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Fax# \_\_\_\_\_

Email address: \_\_\_\_\_

Driver's License or ID#: \_\_\_\_\_

Type of Program:     licensed child care     after-school     school district     Head Start

Your Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Names: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

### Credential Agreement

Applicant will receive a certificate after 2 day in attendance and receiving 70% on a written assessment are met.

***Applicant Statement:*** I certify that the answers given on this application are true and complete to the best of my knowledge. The application with a \$75 deposit (non-refundable) must be received at least 2 WEEKS prior to the first class date. The Course fee of \$400 must be submitted on the first day of class. By signing this application, I agree to the terms of these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

**Total Course Fee- \$475.00 (\$75 deposit (non-refundable) submitted 2 WEEK prior to the first class date. Remaining balance Of \$400 will be due on the first class day).**

### Refund Policy

Refunds are issued only if written request is postmarked 30 days prior to course.

**Mail /Drop Off Application to:** A+ Center for Education, \* P.O. Box 3820 \* Edinburg, TX 78540 \* Tel# (956) 381-9988 \* Fax# (956) 381-5857  
2806 Fountain Plaza Blvd., Edinburg TX 78539

**Email Application to:** ace4edu@yahoo.com