

Program Registration Form

PLEASE PRINT CLEARLY. Must be 18 years of age to apply.			
I wish to enroll in: <input type="checkbox"/> HVAC Service Tech Certificate Program		To Enroll in our Plumbing Apprenticeship Program, please apply online: Click Here	
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			
Sponsoring Company Information			
Company Name:		Company License Number:	
Address:		City:	State: Zip Code:
HR Contact:	Phone:	Email:	
Accounting Contact:		Email: <input type="checkbox"/> PHCC Member <input type="checkbox"/> Not a PHCC Member	
Bill Tuition to: <input type="checkbox"/> Sponsoring Company <input type="checkbox"/> Student		Tuition Payment Terms: <input type="checkbox"/> Payment in Full <input type="checkbox"/> Semester Payments <input type="checkbox"/> Monthly Payments	
Sponsoring Company and Student Registration Pledge			
<u>Student, please read carefully and sign below</u>			
As a Student in the PHCC Academy of San Diego Plumbing Apprenticeship 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 make up all absences within 60 days of a missed class.			
3. I will adhere to all rules and regulations of the training program.			
4. I will accurately complete my on-the-job (OJT) forms every day, based on the work performed that day. I will have my supervisor review and sign my OJT forms at the end of each month. I will submit my completed and signed OJT forms to the Academy by the 15 th of each month.			
5. Should I leave my sponsoring company during the current school year, I will immediately inform Academy staff. I understand that if I leave my employ, I may be responsible for the balance due for the school year.			
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. Will Adhere to all the rules and regulations of the training program.			
<u>Sponsoring Company – Please read carefully and sign.</u>			
As the Sponsoring Company and/or Supervisor of a Student in the PHCC Academy of San Diego Plumbing Apprenticeship Program, I certify that:			
1. My company holds a valid California Plumbing (C-36) License.			
2. I currently employ the enrolling student.			
3. All classroom hours are required. I will arrange the student’s work schedule to permit regular on-time attendance of classes.			
4. I will monitor, review for accuracy, and sign the student’s OJT forms at the end of each month.			
5. I will abide by and enforce all rules and regulations of the training program.			
6. I will notify the Academy in writing when a student ceases to be employed or is otherwise ineligible for continued company sponsorship. I understand that tuition for the full month is due regardless of the day the student leaves the program.			
_____ Student Signature	_____ Date	_____ Sponsor Signature	_____ Date

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.

Tuition Contract Agreement

This Tuition Agreement is entered into by and between PHCC Academy of San Diego, inc. (the “Training Academy”) and _____, (the “Financial Responsible Party”) who is financially responsible for the following enrolled Student: _____.

The Financially Responsible Party is responsible for full payment of tuition and fees associated with the Training Program, regardless of student attendance. Initial tuition payment is due no later than the first night of class via check, credit card or ACH payment. The following outlines initial starting payment plans:

- a. Payment in Full: Full tuition payment + Entrance Exam Fees
 - b. Semester Payments: One semester payment + Entrance Exam Fees
 - c. Monthly Payments: Two months of tuition payments + Entrance Exam Fees
- II. Book fees, lab materials, exam fees and certification cost are included in tuition payments.
- III. ACH Payments is preferred and will be processed on the 1st of the month automatically with a completed ACH form on file. Please see and complete reoccurring payment authorization form and submit with application.
- IV. Tuition payment via invoice is sent via email 15 days prior to the first of each month. 15-day grace period is given for the due date. A late fee of \$35 is automatically incurred after due date.
- V. In the event a student drops from the program, regardless of reason, a written notice must be given to the Academy 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.**
- VI. For accounts **45 days past due**, student will be suspended, and an official letter will be issued to financially responsible party as formal notification. Student WILL NOT be permitted to attend class until full payment is received and a credit card or ACH payment 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.

By signing this financial agreement, you agree to fully understand the policies and procedures set forth and comply with the terms and conditions therein, as well as with any other rules and regulations as may be amended or promulgated by PHCC Academy of San Diego from time to time.

Signature of Financial Responsible Party

Printed Name

Date

PLUMBING-HEATING-COOLING CONTRACTORS ACADEMY OF SAN DIEGO, INC.



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 accounting@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: Please fill out one option

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

Payment Information

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 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.

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