

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

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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: \_\_\_\_\_

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Enrollee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_