



Microblading and Shading Course for Eyebrows Student Enrollment Agreement

Date: _____ Date of Birth: _____

Full Legal Name: _____

Email: _____

Phone: _____

Interested in: _____ Microblading and Shading for Eyebrows

Start of Course Date: _____

This enrollment form must be filled out and turned in within enrollment period, which is the two weeks before the week the course begins.

1. Student agrees to participate in 35-hours self-study, five 8-hour days of classroom time and 25-hours of post classroom work to learn microblading and shading techniques for eyebrow procedures. **Initial** _____
2. Course fee's for Microblading/Shading for Eyebrows is \$2900, paid in full before the course begins. **Initial** _____
3. Refund Policy – Student may cancel their registration for a program within three business days of when the enrollment period ends and receive a full refund within 5-7 business days. Because the classroom time consists of between 5 and 8 days of attendance and class size is limited to only four students, a 50% of tuition only refund will be given if a student withdraws or is dismissed before the end of classroom day two. If student withdraws or is dismissed by end of classroom day four, a 10% refund of tuition only will be given. The refund may take up to 5-7 business days to occur. **Initial** _____

4. Once a student has been accepted into the program, paperwork has been submitted and fees have been paid, pre-class training materials will be mailed or presented in person as agreed upon. **Initial** _____
5. Students may schedule remediation hands-on classes at a current rate of \$800/day for any microblading/shading coursework after the completion of their program. **Initial** _____
6. I understand that I must finish all hours of training, including satisfactory hands on model work, and submit post classroom proof of microblading work before receiving a Certificate of Completion for the course. **Initial** _____
7. If an emergency dictates that a student fails to complete enrolled course, student must make re-application, including application fees. Student must also include in writing to the program administrator, reasons stating why student should be reconsidered for enrollment, additionally verifying previous emergency is resolved. Letter must be signed, and application fees included with application. If student followed proper dismissal guidelines for their incompleting of program, the applicant will be re-considered for future enrollment. *Beautiful You Permanent Cosmetics Academy* will schedule an interview to determine if student will be reaccepted to the program for future dates. *Beautiful You Permanent Cosmetics Academy* will not overbook pre-scheduled classroom settings to accommodate. Only available spaces will be permitted for re-admittance. **Initial** _____
8. Students will not be admitted a third time. All previously paid fees to *Beautiful You Permanent Cosmetics Academy* are non-refundable. **Initial** _____
9. Attendance is mandatory. Students must arrive to class on time each day and may not leave early unless prescheduled prior approval has been granted from *Beautiful You Permanent Cosmetics Academy*. **Initial** _____
10. Students are responsible for their own transportation to and from class each day unless arrangements have been made with *Beautiful You Permanent Cosmetics Academy*. Lunch may be taken off-site and will be taken as time permits between hands on model assignments. On site, a refrigerator, a microwave and a coffee machine are provided at no charge to the students. Each student is responsible for her/his own housing accommodations for the duration of the class. **Initial** _____
11. I understand that if I have any special needs required to complete the on-site portion of the class, I must notify *Beautiful You Permanent Cosmetics Academy* of these needs no later than one week in advance of the scheduled first day of class. **Initial** _____
12. I understand that during class, the procedures I will be conducting are invasive and bloodborne pathogens are a risk. It is my responsibility to acquire the Hepatitis B series of immunization prior to my class date, or I agree to decline the Hepatitis B inoculation process in writing. I will provide copies of either the immunizations for declination prior to hands-on procedures, should I withhold this written information. I understand I will not proceed with hands-on procedures. In any case, I hold *Beautiful You Permanent Cosmetics Academy* and/or associates, harmless for any accidental exposure to

bloodborne pathogens during the on-site class sessions.

Initial _____

13. Beautiful You Permanent Cosmetics Academy students are required to arrange for models to bring to class for hands-on work. Models will receive permanent cosmetics at a discounted rate of \$125 per procedure payable to Beautiful You Permanent Cosmetics Academy to cover the cost of basic fees. Color boosts within one year through the model program are available for \$125 by the model. Students understand models provided by the student will provide a retention of future business for the student after program completion. **Initial** _____
14. Student understands that she/he will be leaning over clients and practice models for many hours at a time and is aware of potential physical strains on the shoulders, back, neck, arms and hands. **Initial** _____
15. Student understands she/he must have sufficient eyesight to deal with minute detail for extended periods of time. **Initial** _____
16. Each student shall bring their own magnification (readers, loupes, eyeglasses...) for client procedures if they need this visual assistance. **Initial** _____
17. Each student shall bring their own camera or mobile phone with a camera to training for before and after photos of clients. **Initial** _____
18. Student agrees that all program material including books, power point presentations, videos and written material is protected by copyright and cannot be copied or distributed in any manner. **Initial** _____
19. Student agrees to sign in on a daily sign-in sheet to provide documentation of classroom hours. Student agrees documentation of attendance is a requirement of *Beautiful You Permanent Cosmetics Academy* and agrees to not sign in any other student but themselves. **Initial** _____
20. Student agrees to read the provided training manual thoroughly. **Initial** _____
21. In the event of model no-show's or cancellations, efforts will be made to obtain another model within the course of the program. **Initial** _____
22. Each student will be provided with a workbook, a manual method set up, a measuring caliper, pigments, anesthetic, practice skin and other tools for use during the days of training and beyond. **Initial** _____

Print Name _____ Date _____

Student Signature _____ Date _____

Beautiful You Permanent Cosmetics Academy Representative _____ Date _____

Please return this document and payment to:

Beautiful You Permanent Cosmetics - 600 W. Republic Rd., A-112 - Springfield, MO 65807