



**Facial Art Permanent Cosmetics  
Student Enrollment Form**

<b>Date:</b>		
<b>Full Name:</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phones cell:</b>	<b>work:</b>	<b>home:</b>
<b>Email:</b>	<b>fax:</b>	
<b>Emergency Contact Name/Phone:</b>		
<b>Current Occupation:</b>	<b>Are you over 18:   yes   no</b>	
<b>Are you a high school graduate or have you completed your GED?   yes   no</b>		

1. It is the responsibility of the student to research all state and local regulations applicable to permanent cosmetics in their locality. **Initial** \_\_\_\_\_
  
  2. A non-refundable deposit of \$1,000 is required to reserve your place in the agreed upon class date for your training. These funds are required to be submitted with your enrollment form. The balance of the class fee is due no later than ten days before the first day of the designated class date. **Initial** \_\_\_\_\_
  
  3. Once the required applicable deposit and completed student enrollment form is received for a fundamental class, pre-class training materials will be mailed. **Initial** \_\_\_\_\_
  
  4. If an unforeseen emergency dictates that a student cancels attendance in the class before the first day, or while the class is in progress, the student will be offered a date in the future as agreed upon by to Facial Art to complete the training course. Facial Art does not offer refunds. **Initial** \_\_\_\_\_
  
  5. It is understood that if I have any special needs required to complete the on-site portion of the class, I must notify Facial Art of these needs no later than two weeks in advance of the scheduled first day of class. Example: latex allergy, non-latex gloves required. **Initial** \_\_\_\_\_
  
  6. It is each student's responsibility to arrange to attend an OSHA Bloodborne Pathogens Standard class either before or after the on-site portion of the class is completed, or as required by law. You may contact your local Health Department or the Society of Permanent Cosmetic Professionals ([www.spcp.org](http://www.spcp.org)) for a referral to an OSHA trainer or you may complete the online course at [www.eduwhere.com](http://www.eduwhere.com). **Initial** \_\_\_\_\_
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7. I understand that during class, the procedures I will be conducting are invasive. It is my responsibility to acquire the Hepatitis B series of immunizations prior to my class date, or I agree to decline the Hepatitis B inoculation process in writing. In any case, I hold Patricia Yee and Facial Art harmless for any accidental exposure to Bloodborne Pathogens during the on-site class session. **Initial** \_\_\_\_\_

8. It is understood that prior knowledge of proper topical makeup artistry application is a necessary skill and that I either currently have, or will acquire these skills prior to the on-site class date. My class with Facial Art is contracted for the training and application of permanent cosmetics, not topical makeup artistry. **Initial** \_\_\_\_\_

9. Group class size is limited to 2 students. Hands on procedures will be performed on a one on one ratio. This policy ensures that each student is properly supervised during the performance of hands on procedures conducted in class. **Initial** \_\_\_\_\_

10. I understand that all training materials are copyrighted materials and may not be reproduced without the written permission of Facial Art. **Initial** \_\_\_\_\_

11. Do you have any visual or physical impairment that will make it difficult to learn a detailed craft like permanent cosmetics? Yes \_\_\_\_\_ or No \_\_\_\_\_. If you answered "yes," please provide an explanation:

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12. Students must arrive to class on time each day and not leave early unless prior approval has been received from Facial Art. Class hours are 8:30 am to 5:00 pm unless otherwise agreed to. **Initial** \_\_\_\_\_

13. Students are responsible for their own transportation to and from class each day unless arrangements have been made with Facial Art. Lunch is off-site daily and will be taken as time permits between hands-on model assignments. Transportation is not necessary as there is a good selection of local restaurants. Each student is responsible for his/her own housing accommodations for the duration of the class. **Initial** \_\_\_\_\_

14. Students agree to follow all instruction provided through pre-class study directions and during class, and must work cohesively with fellow classmates and trainer. **Initial** \_\_\_\_\_

15. Students must complete all pre-class manual workbook assignments before the first day of class. **Initial** \_\_\_\_\_

16. Each student is responsible for bringing a camera they are familiar with for the purpose of taking before and after photographs of their hands on work performed during class. **Initial** \_\_\_\_\_

17. It is understood that I must finish all hours of training including pre-class and evening homework study assignments, complete the competency written testing at a passing score of 75%, and perform satisfactory hands-on procedures in order to receive a Certificate of Completion for the class. **Initial** \_\_\_\_\_

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18. In the event models cancel their scheduled appointments, it is understood that Facial Art will show permanent cosmetic videos, power point presentations or assign practical work.

**Initial** \_\_\_\_\_

19. You will receive a basic product kit at the completion of a fundamental class, any desired additional supplies and the tattoo device of your choice are separate and must be purchased independent of the product kit. **Initial** \_\_\_\_\_

20. It is understood there is no guarantee of success in the permanent cosmetic industry, and that Facial Art does not offer job placement services. **Initial** \_\_\_\_\_

21. It is your responsibility after this fundamental class to seek continuing education and advanced training as needed. **Initial** \_\_\_\_\_

22. Facial Art provides all post class support for a period of one year via email (info@facialart.net) or by phone (586.596.4159) during regular business hours.

**Initial** \_\_\_\_\_

23. I have read and understand all aspects of this Student Enrollment Agreement and had the opportunity to have all my questions regarding the class answered prior to enrolling in a permanent cosmetic class offered by Facial Art. **Initial** \_\_\_\_\_

Class Date of Choice: (month/day) \_\_\_\_\_

Name: please print \_\_\_\_\_

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

Add any class date choices as appropriate:

Method of payment: Check \_\_\_\_\_ Money Order \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_:

Credit Card #:	Expiration Date:
Name on Card:	
Visa    MasterCard    Discover	Three digit code:

Mailing Address for credit card:

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