

ENROLLMENT AGREEMENT

Everlasting Facial Art®
4515 N 32nd Street #200
Phoenix, AZ 85018
(602) 952-7678 office
(602) 955-2712 fax
jane@amug.org
<http://www.janeadler.com>

Full Name (Please Print) _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Number: _____
Emergency Contact Number: _____
Email: _____
Social Security Number: ____/____/_____
Date of Birth: ____/____/_____
Are you a High School Graduate: Yes or No

PROGRAM INFORMATION:

Program: SofTap® Basic Permanent Makeup Course
Start Dates: _____ (Please fill in scheduled dates)
Program Length: 80 hours

TUITION:

The cost for the SofTap® Basic Permanent Makeup program:

Tuition: \$3,200.00
Administration/Registration Fee \$200.00 included in class fee
Books/Supplies \$200.00 included in class fee
Blood Borne Pathogens \$135.00 included in class fee
Total Program Costs \$3,200.00

TUITION PAYMENTS:

1. Tuition deposit of \$200.00 is due with signing of the enrollment agreement. *The deposit will be applied as follows:*
2. Balance of tuition options is for \$3,000.00 due no later than the first day of class, payable by cash, check or credit card.

CC# _____ Name on Card: _____ Visa MC Discover American Express	Expiration date: _____ Authorization Signature: _____
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CANCELLATION AND REFUND POLICY:

Rejection: An applicant rejected by the school is entitled to a refund of all monies paid.

Three-Day Cancellation: An applicant who provides written notice of cancellation within three days (excluding Saturday, Sunday and federal or state holidays) of signing an enrollment agreement is entitled to a refund of all monies paid. No later than 30 days of receiving the notice of cancellation, the school shall provide the 100% refund.

Other Cancellations: An applicant requesting cancellation more than three days after signing an enrollment agreement and making an initial payment, but prior to entering the school, is entitled to a refund of all monies paid minus a registration fee of \$200.00.

Refund after the commencement of classes:

1. Procedure for withdrawal/withdrawal date:
 - A. A student choosing to withdraw from the school after the commencement of classes is to provide **written notice to the Director of the school**. The notice is to indicate the expected last date of attendance and be signed and dated by the student.
 - B. For a student who is on authorized Leave of Absence, the withdraw date is the date the student was scheduled to return from the Leave and failed to do so.
 - C. A student will be determined to be withdrawn from the institution if the student has not attended any class for **two** consecutive class days.
2. Tuition charges:

Tuition charges for the time period will be determined based upon the student's **last day of attendance** and the resulting percentage of the enrollment period completed. The percentage of the enrollment period completed is determined by dividing the total number of clock hours elapsed from the student's start date to the last day of attendance, by the total number of clock hours in the enrollment period, *less the \$200.00 administrative fee*.

Tuition charges and refund amounts for the enrollment period will be refunded within 30 days and are determined as follows:

Before beginning of class	100% Refund
10% or less of the clock hours	90% Refund
> 10% and ≤ 20% of the clock hours	80% Refund
> 20% and ≤ 30% of the clock hours	70% Refund
> 30% and ≤ 40% of the clock hours	60% Refund
> 40% and ≤ 50% of the clock hours	50% Refund
Greater than 50% of the clock hours	No Refund

Holder in Due Course Statement:

Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds, hereof Recovery hereunder by the debtor shall not exceed amounts paid by the debtor (FTC Rule effective 5-14-76).

THE STUDENT UNDERSTANDS::

1. The School does not accept credit for previous education, training, work experience (experimental learning), or CLEP.
2. The School does not guarantee job placement to graduates upon program/course completion or upon graduation.

3. The School reserves the right to change or eliminate classes when the number of students scheduled to start class is too small.
 4. The School reserves the right to change class schedules, revise or withdraw programs, or make any change in training-related matters at any time, with or without notice.
 5. The School will not be responsible for any statement of policy, curriculum or faculty that does not appear in the School catalog.
 6. The School reserves the right to discontinue any students' training for **unsatisfactory progress**, nonpayment of tuition or failure to abide by School rules
 7. Information concerning other Schools that may accept the School's credits toward their programs can be obtained by contacting the office of the President. It should not be assumed that any programs described in the School catalog could be transferred to another institution. The School does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credits and whether they should be accepted is the decision of the receiving institution. Everlasting Facial Art does not transfer any of the scheduled class hours.
 8. This document does not constitute a binding agreement until accepted in writing by all parties.
9. What is your current occupation? _____
- 10... Do you have any visual or physical impairment that will make it hard to learn a detailed craft like cosmetic tattooing? **Yes or No**
11. How were you referred to this class? _____
12. Do you know the rules & regulations for your state or county in regards to doing cosmetic tattooing? **Yes or No**
13. It is the responsibility of each student to seek his/her state or county regulation and follow all federal laws regarding cosmetic tattooing. **Initial** _____
<http://www.spcp.org> or <http://www.micropigmentation.org> (search regulations)
14. It is understood that all pre-class homework **must be** completed by the first day of class! **Initial** _____ (bring manuals to class)
15. It is understood that you must arrive to class on time every day and not leave early unless prior written request is received by Jane Adler. **Start time is 9:00 am.** **Initial** _____
16. It is understood that you agree to follow all instruction given in class and get along with your fellow class mate. Disruption of class time is not tolerated **Initial** _____
17. It is understood that **you must finish all eight days** of training. **Initial** _____
18. In case models do not show up for their scheduled appointments, the instructor will show videos, power point or assign practical work. **Initial** _____
19. All students understand that it is their responsibility to check with their local OSHA office and/or attend a "Blood Borne Pathogen" class if applicable. **Initial** _____
20. It is the responsibility of each student to contact their instructor via phone or email for continued post class support. jane@amug.org or (602) 952-7678 **Initial** _____
21. It is the responsibility of each student to notify Jane Adler in advance if you have any special needs. Example: latex allergy. **Initial** _____
22. Please bring a smock, sweater, camera, extra film and your manual to class. Also make sure finger nails are trimmed and very short. **Initial** _____
23. Each student must provide their own transportation every day. Lunch is **off** campus daily and transportation is needed. Each student must provide their own housing during class if from out of town. **Initial** _____
24. It is the responsibility of each student to obtain any permits, licensing or certification post all classes. This includes insurance after class. Every state will vary. **Initial** _____
25. A **certificate of completion** will be rewarded to all students with an over all grade of 75% or greater. **Initial** _____
26. This class is a basic course on SofTap® permanent makeup. It is the responsibility of each student to seek continuing education and advanced training. **Initial** _____

27. There is **no guarantee** of success or job placement by Jane Adler. **Initial** _____
28. The student catalogue for Everlasting Facial Art® is incorporated as part of the student enrollment agreement. **Initial** _____
29. This class does not include a student kit. Additional supplies are sold separate with no minimum by Jane Adler **Initial** _____
30. Students can request a **student grievance form** after each day of class. **Initial** _____
31. Class size a minimum of **two** students. This helps ensure safety and accuracy to all procedures performed by students learning. The ratio for procedures performed is two students to **one** model. Class size may also be four students. **Initial** _____
32. If a complaint can not be resolved after exhausting the institution's grievance procedure, the student may file a complaint with the: **See Catalogue for details.**

Arizona State Board of Private Postsecondary Education
1400 West Washington, Room 260, Phoenix, AZ 85007 (602) 542-5709
<http://azpse.state.az.us>

The student may contact the State Board for further details. **Initial** _____

33. I have read and **understood all aspects** of the student enrollment agreement and catalogue for Everlasting Facial Art®. This is a basic 8 day training class for SofTap® basic permanent makeup. This course is equal to an 80 clock hours of training and cost \$3,200.00. All applicants must be over 18 and have a GED or high school diploma.

34. You agree to complete all eight days of this class. **Initial** _____

STUDENT ACKNOWLEDGEMENTS:

1. I hereby acknowledge receipt of the School's catalog dated _____ which contains information describing programs offered and equipment/supplies provided. Everlasting Facial Art's catalog is included as a part of this enrollment agreement, and I acknowledge that I have received a copy of this catalog.
 _____ **Student initials * It is on-line <http://www.janeadler.com>**
2. Also, I have carefully read and received an exact copy of this enrollment agreement.
 _____ **Student initials**
3. I understand that the President may terminate my enrollment if I fail to comply with attendance, academic and financial requirement or if I disrupt the normal activities of the School. While enrolled in the School. I understand that I must maintain Satisfactory Academic Progress as described in the School catalog and that my financial obligation to the School must be paid in full before a certificate may be awarded.
4. I also understand that this institution does not guarantee job placement to graduates upon program/course completion or upon graduation.
 _____ **Student's initials**

Is the Class for you?

1. Have strong eye and hand coordination? Yes or No
2. You have a gentle touch and are good working with both hands? Yes or No
3. Enthusiastic and have a positive personality? Yes or No
4. You have a natural eye for color? Yes or No
5. You have good visualization skills and are naturally creative? Yes or No

6. You like to draw? Or willing to learn how to draw? Yes or No
7. Work in a related or creative field? Yes or No
8. You love detailed work? Yes or No
9. Are willing to take the time to learn and grow? Yes or No
10. Understand practice makes perfect and there are no acceptable ways to cut corners in the field of cosmetic tattooing? Yes or No
11. Are you a good listener? Yes or No
12. Can you handle criticism? Yes or No
13. Are you willing to commit to your education and take the time needed to practice and develop your skills as a graphic artist of the skin? Yes or No
14. Are you OK with the fact that tattooing involves breaking the skin barrier with needles and seeing small amounts of blood? Yes or No
15. You are task oriented and can do multiple things at once? Yes or No
16. Must have strong common sense and be a quick thinker! Yes or No
17. You have a ton of patience and have a calm inner spirit? Yes or No
18. You love a challenge? Yes or No
19. You understand that one beginner class is only the start of the learning curve to be successful? Yes or No
20. Do you have any medical or emotional disorders that may be a problem working under pressure? Yes or No

If you have answered No to any of the above questions please explain:

CONTRACT ACCEPTANCE:

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the President. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by Everlasting Facial Art.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signed this _____ day of _____ 20____

Signature of Student

Date

Signature of Jane Adler

Date

Representative's certification: I hereby certify that the above student has been interviewed by me and in my judgment, meets all requirements for acceptance as a student. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

By: _____
Jane Adler Everlasting Facial Art

Date: _____

