STEPS TO ENROLL IN AN ESTHETICIAN PROGRAM AT THE ELIZABETH GRADY SCHOOL

1. _____ Tour and Interview: Call 781-960-0123 to schedule a time.

The required enrollment documents listed below, numbers 2, 3, 5, & 6 are included on the following pages. You may print, complete, and bring with you to your interview or the school can provide you hard copies at the time of your interview. You also may mail, fax, or scan and email to the school.

Mailing Address: Elizabeth Grady School, 222 Boston Avenue, Medford, MA 02155 att: Admissions

Fax Number: 781-391-4772

Email: admissions@elizabethgrady.com

2. _____ Application for Enrollment.

3. _____ Enrollment Agreement Contract.

4. _____ Deposit: Submit your Application, Contract, and Deposit of $500.00 to reserve your seat. Students who are fully loan and grant eligible may receive a reduction in the amount of the deposit. Please inquire with Financial Aid to learn more. The deposit may be paid by check, money order, Mastercard, or Visa. Credit card payment can be made over the phone by contacting Mary at 781-960-0129.

5. _____ Questions to Consider: Read and sign the Questions to Consider document. Please ask an Admissions representative if you have any questions regarding the considerations listed.

6. _____ Medical Documentation: Schedule an appointment with your physician for TB (tuberculosis) test. This test can be performed by your general practitioner or at a walk-in clinic such as the CVS Minute Clinic. Submit results prior to the first day of class.

7. _____ Photo Identification: Provide a photocopy of your state issued driver’s license, I.D., or passport. Further identification to support citizenship or eligibility may be required. A valid Alien Registration Card is required for all eligible non-citizens and an M-1 Visa is required for all ineligible non-citizens.

8. _____ Proof of Education: Provide a copy of high school diploma, college diploma, GED, or official transcripts. If you were educated in another country, please make sure that your diploma is translated and notarized. If you are unable to locate your diploma, please contact your high school to obtain and official copy of your transcript, which must include the school seal and be unopened or mailed directly from the school to Elizabeth Grady.

9. _____ Complementary Field of Study Discounts: If you retain a license or certificate in the healing arts, wellness, or beauty fields (ie: CAN, LPN, RN, MT, electrologist, cosmetologist, etc…) please provide proof of education and/or license to receive a $250.00 tuition discount.

Initial______
ESTHETICS ENROLLMENT APPLICATION

Name:____________________________________ Social Security No. Last four digits:____________

Date of Birth:_________________ Phone: Home_________________ Work____________________________

Complete Street Address/City/State/Zip:________________________________________________________

Email Address:_______________________________ Cell Phone Number:____________________________

U.S Citizenship Status (Check one and list ID number if applicable):
_____ Citizen/National ___ Eligible non-citizen Alien I.D. # __________________________ Exp.___________

Enrolling in:

_____ 300 Hour Day M-F 9:00 A.M.- 4:00 P.M.
_____ 600 Hour Day M-F 9:00 A.M.- 4:00 P.M.
_____ 300 Hour Day M-F 9:30 A.M. – 1:30 PM
_____ 600 Hour Day M-F 9:30 A.M. – 1:30 PM
_____ 300 Hour Eve/Sat M/T 6:30-9:30 and Sat 9-3:30
_____ 600 Hour Eve/Sat M/T 6:30-9:30 and Sat 9-3:30

Program Start Date: ________________ Program End Date: _______________________

Financial:

Are you applying for Financial Aid (Student Loans and/or Grants)? Yes_____ No______
Would you like a payment plan on the school balance? Yes_____ No______

Uniform size:

Top (XS, S, M, L, XL)__________Pant Size (XS, S, M, L, XL)_____________ Height________

EDUCATION

High School Address Year Graduated

College/Other Education Address Year Graduated

Initial______
EMPLOYMENT

Present Employer __________________________ Address __________________________ phone __________________________ From/To __________________________

MEDICAL INFORMATION

1. IMPORTANT: List all allergies, sight or hearing problems, learning disabilities, medical conditions including pregnancy, and all prescription medications.

2. Emergency Contact __________________________
Name __________________________ Address __________________________ Phone (H/W) __________________________

ENROLLMENT APPLICATION QUESTIONS

1. Can you devote adequate time to your studies if you are accepted? Yes No

2. How did you first learn or become interested in Elizabeth Grady School of Esthetics?

3. What most interests you about a career in the field of Esthetics? (Minimum 20 words)

4. In your own handwriting, please describe below why you wish to be accepted to the Elizabeth Grady School of Esthetics. (Minimum 20 words)

Initial_______
Please circle the following:

- Have you been informed that you must fully participate in all areas of practical and make-up artistry including facial and body treatments, waxing services and make-up application?
  
  Yes   No

- Have you been informed that attendance is extremely important to the success of your program, that you cannot miss more than 5% of the time you are enrolled, and you must make up any time missed?
  
  Yes   No

- Have you received in the mail or during your tour, the information packet containing consumer information on the field of esthetics?
  
  Yes   No

- Have you been informed that you will be required to report to the Elizabeth Grady School of Esthetics the name of the salon/spa/company that hires you as an esthetician or make up artist following graduation?
  
  Yes   No

Please sign and date this enrollment application and submit with your tuition deposit and Enrollment Agreement Contract. Additionally, the following items are requirements for admission and must be submitted prior to your first day of class:

- Copy of High School or College Diploma, GED, or Official Transcript
- Photo ID (State Government issued I.D., Driver’s License, or Passport) with proof of age
- Medical release documentation (TB results)
- Proof of citizenship or Student Visa if non-citizen
- IPEDS questionnaire

Student Signature:__________________________________ Date:_________________________

Parent/Guardian (if applicant is under 18):______________________ Date:_________________________

School Administrator_______________________________________ Date:_________________________

Revised 1/2015

Elizabeth Grady School of Esthetics and Massage Therapy
222 Boston Avenue
Medford, MA 02155
Phone 1-781-980-0123 Fax 781-391-4772
www.elizabethgrady.edu
Name:___________________________________________  Program/Course Name: Esthetics
Home telephone:_________________ Bus:_________________  Cell:__________________
SSN Last 4 Digits____________________ Email:________________________________

300 Hour Esthetics Programs:
_____ Full Time Day (9-4) 10 wks required Hours per week- 30
_____ Full Time Day (9:30-1:30) 15 wks required Hours per week- 20
_____ Part Time Day (2-5/M-TH) 25 wks required Hours per week- 12
_____ Part Time Eve (300 Hour) 25 wks required Hours per week- 12

600 Hour Esthetics Programs:
_____ Full Time Day (9-4) 20 wks required Hours per week- 30
_____ Full Time Day (9:30-1:30) 30 wks required Hours per week- 20
_____ Part Time Day (2-5/M-Friday) 40 wks required Hours per week- 15
_____ Part Time Eve (600 Hour) 50 wks required Hours per week- 12

Course Start Date_______________________ End Date_____________________
Period beyond which late registration will not be accepted_____________________
Tuition Fee__________ Other Charges__________ Total Charges__________

**COST BREAKDOWN**

300 Hour Esthetic Programs  *Financial Aid if you qualify
TOTAL COST: $6500.00
$500.00 Deposit due upon enrollment
$6000.00 Balance*
- TUITION: $5425.00
- 2 UNIFORMS: $100.00
- TEXT MATERIALS: $175.00
- SKIN CARE/MAKEUP SUPPLIES: $750.00
- ADMINISTRATIVE FEE: $50.00

600 Hour Esthetic Programs  *Financial Aid if you qualify
TOTAL COST: $8750.00
$500.00 Deposit due upon enrollment
$8250.00 Balance*
- TUITION: $7675.00
- 2 UNIFORMS: $100.00
- TEXT MATERIALS: $175.00
- SKIN CARE/MAKEUP SUPPLIES: $750.00
- ADMINISTRATIVE FEE: $50.00

*Weekly and Monthly Payment plans are available for all esthetic and massage therapy programs. Full tuition payment must be received before class end date to graduate.

Initial______
REFUND POLICY
(As per M.G.L.C. 255 Sec. 13K)

1. NON-ACCEPTANCE. An applicant not accepted by the school shall be entitled to a refund of all monies paid.

2. You may terminate this agreement at any time.

3. If you terminate this agreement within five days of signing the enrollment agreement contract, you will receive a refund of all monies paid, this policy applies regardless of whether or not the student has actually started training. The postmark on written notification will determine the cancellation date, or the date said information was delivered to the school.

4. If you terminate enrollment after the initial five day period in section #3, but prior to commencing the program, you will receive a refund of all monies paid less the termination fee of $50.00.

5. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 8.

6. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty-percent of the tuition, less the actual reasonable administrative costs described in paragraph 8.

7. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five percent of the tuition, less the actual reasonable administrative cost described in paragraph 8.

8. If you terminate this agreement after the initial five-day period, you will be responsible for actual administrative costs incurred by the school to enroll you and to process your application. Administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of administrative costs is attached hereto and made part of this agreement. If the student terminates enrollment after receiving books and uniforms these items become non-refundable.

9. If you wish to terminate this agreement you must inform the school in writing of your termination, which will become effective on the day such writing is mailed.

10. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.

11. Students receiving assistance from Federal Title IV programs may be subject to a special refund or return to Title IV requirements as of 10/07/2000 per Federal Regulations, provided they have completed less than 60% of the payment period for which aid was or could have been disbursed. Federal regulations require the return of Title IV funds in the following order if applicable; Unsubsidized loans, Subsidized loans, Perkins loans, Plus Loans, Pell Grants, SEOG, or other Title IV.

12. Enrollment time is defined as the time elapsed between the actual starting dates of the student’s last day of physical attendance in the school. Any monies due to the student shall be refunded within fourteen (14) days of formal cancellation by the student as in Section #3 or formal cancellation by the School, which shall occur no more than thirty (30) days from the date of withdrawal or shall be the earlier of the date of expiration of the leave of absence or the date the student notifies the institution that the student will not be returning.
13. Termination by the Elizabeth Grady School: Notwithstanding the forgoing, if this contract is terminated by the School due to willful misconduct and/or the inability to maintain satisfactory progress in accordance to the schools policies and procedures, the student will be refunded monies according to the schools refund policy.

14. Once a student begins classes, books and equipment become property of the student. If the student terminates enrollment, books and equipment become non-refundable.

15. In cases of mitigating circumstances such as prolonged illness or accident, death in the family, or other situations that make it impossible to complete the course, the School shall make a settlement, which is reasonable and fair to both.

16. If a course is cancelled subsequent to a student's enrollment, the School shall at its option; provide a refund of all monies paid or provide completion of the course.

17. If the School is permanently closed or no longer offering instruction after a student has enrolled, the student shall be entitled to a pro-rated refund of tuition.

18. The School will dismiss any student who has undocumented absences for thirty (30) consecutive days.

19. A student who is on a leave of absence and who does not return to School by their scheduled return date will be dismissed from the School.

20. There will be a $25.00 fee for missed tests.

21. There will be a $20.00/hour charge for instruction past the contracted ending date listed on page 1 of this agreement.

ADMISSION REQUIREMENTS

1. All Admission requirements must be received by the by the first day of the start of your enrollment date found on page 1 of this agreement. Inability to meet this requirement will delay your enrollment start date.

PLACEMENT

1. The Elizabeth Grady School does not guarantee job placement but will assist in resume preparation, job interviewing skills and job placement. The Elizabeth Grady School maintains an updated job listing for graduates and alumni.

ATTENDANCE

1. A satisfactory attendance record is a course completion requirement. Any student missing more than 5% of classes will be placed on probationary status and any subsequent absence can result in dismissal from the school.

GRADUATION REQUIREMENTS

1. To fulfill graduation requirements, students must complete all contracted hours in their program as well as maintain a minimum level of proficiency of 70% in all required courses as applicable to the program of study. All tuition balances must be paid in full for all programs.


date

By affixing your signature below you have acknowledged that you have read and received a copy of this contract.

STUDENTS SIGNATURE_______________________________________ DATE__________

PARENT/GUARDIAN SIGNATURE (If applicable)________________________________ DATE__________

SCHOOL OFFICIALS SIGNATURE________________________________ DATE__________

Initial______
QUESTIONS FOR ESTHETICIAN STUDENTS TO CONSIDER

As the leader in skin care salons, Elizabeth Grady understands the industry very well. The profession offers both personal and professional rewards with a variety of career options. We have compiled a list of questions one should consider important in making a decision to enroll in an esthetics program at the Elizabeth Grady School. Please sign the bottom line to indicate you have read, understand and accept each question.

In the School:
1. Are you comfortable being touched by another student or teacher?
2. Are you open to wearing a professional make up?
3. Are you open to not using tanning beds and not excessively tanning?
4. Do you have good physical dexterity for massage, waxing and make-up application?
5. Are you willing to grow your hair on the brows, upper lip, underarms, bikini and legs for training in waxing techniques?
6. Attendance is key to learning, supporting your classroom community, and a prerequisite for successful completion of your program. It is also a requirement for receiving financial aid disbursements. Are you willing to be in punctual and in attendance on a daily basis?
7. Are you willing to remove visible body piercing, with the exception of single pierced ears? The Elizabeth Grady School requires that no visible piercings be worn to maintain a level of professionalism and prevent injury during massage procedures.
8. Are you willing to cut your fingernails to fingertip length? Long nails can scratch and injure clients. Massage students are required to keep their nails short at all times.
9. Do you understand that placement is not guaranteed? Although the school maintains an ongoing list of employers and provides a strong business development module within the program, it is ultimately the student’s responsibility to lead their job search with the support of the school.
10. Are you proficient with speaking, writing and reading English? All programs are taught in English. Many ESL students have successfully completed our programs, however if you have a concern in this area please let us know so that we can help set you up for success.

In the industry:
1. Do you enjoy working with people?
2. Are you a good listener and communicator?
3. Do you like to be helpful to people?
4. Are you interested in health, beauty, and wellness?
5. Do you enjoy working with your hands?
6. Do you find it gratifying helping others feel better about themselves?
7. Are you capable of not smoking during working hours?
8. Are you open to selling products and services as a trained esthetician?
9. Do you enjoy a fast past environment and understand the importance of good time management? Can you adapt to changing environments and can you remain calm in the midst of that change?
10. Are you able to stand or sit for long periods?
11. Do you have good mobility of your upper and lower limbs?
12. Are you available to work on weekends?

By signing below you acknowledge you have read the above questions to consider and agree that “yes” you are able to comply with the above educational and industry requirements to enter the field of study and profession. Should you have any questions please speak with an Admissions staff member.

Student’s Signature:_________________________________________ Date____________________

Print Name:_________________________ Program: Day/Evening Start Date:_______________
Dear Student:

The Elizabeth Grady School requires all students to be tested for tuberculosis prior to beginning the program. This test is an intra-dermal antibody test that requires the individual being tested to return to the medical facility 48-72 hours to be read after being planted. Test results must be dated within one year of beginning your program. If you have had a TB test in excess of one year of your start date, you must have another.

We are dedicated to promoting a healthy environment for our students, staff and clients. Testing can be performed by your regular physician or at any neighborhood clinic or hospital. Should you test positive, you are required to undergo proper treatment as prescribed by a medical doctor and/or have the results of a chest x ray with your physician stating you are able to fully participate in the program without risk to others.

Please have your physician complete the documentation below or have them supply their own documentation of your test results. Submit results to the admissions department before beginning the program. This is a requirement for admission to our program.

Sincerely,

Cate Tool
School Director

This is to certify that ___________________________ , Date of Birth_______________ has been tested for:

- Tuberculosis    (Admissions Requirement for students attending esthetician or massage programs)

Please circle result:  Positive           Negative

If positive, course of treatment:________________________________________________________

Begin and end dates of treatment: ______________________________________________________

____________________________________________________________________________________

Physician’s Signature                          Date

____________________________________________________________________________________

Physician’s Name Printed

Name of Medical Practice, Address and Telephone number

Add’l notes:

______________________________________                           __________

Physician’s Signature               Date

______________________________________

Physician’s Name Printed

Name of Medical Practice, Address and Telephone number

Add’l notes:

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Elizabeth Grady School of Esthetics and Massage Therapy
222 Boston Avenue
Medford, MA 02155
Phone 1-800-FACIALS Fax 781-391-4772
www.elizabethgrady.edu

Initial______
Department of Education Annual Institutional Participation Educational Data Survey (IPEDS)

Each year the Elizabeth Grady School is required to provide the US Department of Education with a summary of miscellaneous data (age, sex, marital status, etc…) called an IPEDS report. Please fill out the following information. This information will not be used for any other purpose other than this report.

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Additionally, please note that a school representative will follow up with you in the year following graduation to obtain licensing and employment information. All graduates are required to respond to the graduate survey. Please join our Facebook Group *Elizabeth Grady Schools of Esthetics and Massage Therapy* and, if you have not done so already, join our e-mailing list on line at [www.elizabethgrady.edu](http://www.elizabethgrady.edu) to help keep abreast of advanced training, employment opportunities, and general announcements.

Initial_______