

COMMONLY ASKED QUESTIONS ABOUT ESTHETICIANS AND ESTHETICIAN TRAINING

What is an esthetician and what do they do?

An esthetician is a skin care specialist who is licensed to perform facials, waxing, and makeup artistry services. Estheticians can be found working in various environments including salons; day and destination spas; dermatology and plastic surgery practices; and retail or educational environments.

How long does it take?

The Elizabeth Grady School offers esthetics programs that are 600 hours in a variety of flexible schedules. A 600 hour part-time evening program requires thirteen months. Students attend classes 12, 20, or 30 hours per week.

How much does it cost?

The 600 Hour Esthetician program cost is \$10,550.00 and includes textbooks, uniforms, and all products and supplies. Students can take advantage of saving money by enrolling early. We also offer discounts to certified professionals in complimentary fields of study such as beauty and healthcare. Please inquire during your admissions interview.

600 HOURS: Independent students could qualify for up to \$6333.00 in federal loans and up to \$4130.00 in federal Pell grants. Dependent students can qualify for up to \$3666.00 in federal loans, up to \$4130.00 in federal Pell grants, and parent PLUS loans are also available and are credit based loans available to parents of dependent students.

You can find detailed information about Financial Aid online at www.elizabethgrady.edu. Click on **Prospective Students** on the task bar, and scroll down to **Financial Planning**. Additionally, Melissa Sandberg, Financial Aid Representative, can be reached at 781-960-0114 and will be happy to assist you with any questions.

Is more education is available?

Advanced and continuing education is available to licensed estheticians and students enrolled in the programs at the Elizabeth Grady School. Numerous programs are available throughout the year including, but not limited to: Intense-Pulsed Light for Photofacials and Hair Removal (IPL), Aromatherapy, Advanced treatment of Acne, Advanced Facial Massage, Exfoliation and Chemical Peeling, Eyelash Extensions, Microdermabrasion, Reiki, and more.

COMING SOON!!!

Advanced Esthetics- 900 Clock Hours!!! Stay tuned for upcoming dates, enrollment information, and forms.

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

1. _____ **Phone Interview:** Call 781-960-0120 to schedule a time.

The required enrollment documents listed below, numbers 2, 3, 5, & 6 are included on the following pages. 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 an 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: CNA, LPN, RN, MT, electrologist, cosmetologist, etc...) please provide proof of education and/or license to receive a \$250.00 tuition discount.
10. _____ **Pre-enrollment Checklist:** Acknowledge the receipt of all of the vital information provided by the school that you need to know to make an informed decision about going to school.
11. _____ **IPEDs Questionnaire:** Complete this demographics survey required by the US Department of Education.

ELIZABETH GRADY

SCHOOL OF ESTHETICS AND MASSAGE THERAPY

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:

_____ **600 Hour Day M-F** **9:00 A.M. - 4:30 P.M.**

_____ **600 Hour Day M-TH** **9:30 A.M. -2:30 PM**

_____ **600 Hour Day T-F** **9:30 A.M. -2:30 PM**

_____ **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

EMPLOYMENT

Present Employer	Address	phone	From/To
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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)
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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. What do you believe makes you uniquely qualified to become a licensed esthetician and provide services on the public? (Minimum 20 words)

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 phone interview, 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 makeup artist following graduation?

Yes No

- Have you been informed that you in Massachusetts all candidates for esthetics licensure are required to undergo a CORI (Criminal Offense Record Inquiry) and SORI (Sex Offender Registry Inquiry)?

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 6/14/19

Elizabeth Grady School of Esthetics and Massage Therapy
222 Boston Avenue
Medford, MA 02155
Phone 1-781-960-0123 Fax 781-391-4772
www.elizabethgrady.edu

ELIZABETH GRADY

SCHOOL OF ESTHETICS & MESSAGE THERAPY

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?
13. Have you ever been convicted of a felony? This could affect your ability to become licensed. If so, please contact the Board of Cosmetology for more information.

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: _____

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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.

Name		
Address		
City		
State		
Zip Code		
Phone Number		
Email		
Date of Birth		
Age	<input type="radio"/> Under 18 <input type="radio"/> 18-19 <input type="radio"/> 20-21 <input type="radio"/> 22-24 <input type="radio"/> 25-29	<input type="radio"/> 30-34 <input type="radio"/> 35-39 <input type="radio"/> 40-49 <input type="radio"/> 50-64 <input type="radio"/> 65 and Older
Gender	<input type="radio"/> Female <input type="radio"/> Male	
Marital Status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed	
Number of Dependent Children		
Social Security Number		
Income	<input type="radio"/> 0-9999.00 <input type="radio"/> 10,000.00-19,999.00 <input type="radio"/> 20,000.00-29,999.00 <input type="radio"/> 30,000.00>	
Ethnicity	<input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Hispanic/Latino <input type="radio"/> Native Hawaiian or Pacific Islander	<input type="radio"/> White <input type="radio"/> Two or more races <input type="radio"/> Race/Ethnicity Unknown <input type="radio"/> Nonresident Alien
Dependency	<input type="radio"/> Dependent <input type="radio"/> Independent	
Program/ Enrollment Info	<input type="radio"/> Full-time Day Massage <input type="radio"/> Full-time Day Esthetics <input type="radio"/> ¾ Day Massage <input type="radio"/> ¾ Day Esthetics <input type="radio"/> Part-time Evening Massage <input type="radio"/> Part Time Evening Esthetics	
Highest Level of Education Completed	<input type="radio"/> High School Diploma <input type="radio"/> General Education Diploma <input type="radio"/> Associate Degree <input type="radio"/> Bachelor Degree <input type="radio"/> Master's Degree	

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 to help keep abreast of advanced training, employment opportunities, and general announcements.

ELIZABETH GRADY

SCHOOL OF ESTHETICS & MASSAGE THERAPY

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:

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