



Facial Designs
PERMANENT COSMETICS LLC

BEGINNER LEVEL TRAINING CLASS STUDENT ENROLLMENT APPLICATION

PLEASE PRINT CLEARLY

Date _____

NAME _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUS. PHONE _____

OCCUPATION _____

Are you over 18? **Yes or No**

Do you have a high school diploma, GED or equivalent? ____ Yes ____ No ____ Other

If Other, explain _____

TRAINING COURSE FEES

The Training Course is **\$4,295.00**, payable by **cashier's check, money order or cash**. A **\$1000.00 non-refundable deposit** is required with this application. The balance of payment is due on or before the first day of training. To reserve a class time before mailing application, please call (573) 346-5054 or (573) 216-5051.

The seven day, 100 - hour Fundamental Training Course includes permanent cosmetic starter equipment and supplies, and certified instruction of permanent cosmetics. All of the equipment and supplies needed for your practice procedures in class are also included in the registration fee. Apprenticeship Program is available for additional fees (see Apprenticeship Program listed separately.) Intermediate Course for full lip color is available after Fundamental Course and Apprenticeship are completed, and applicant is licensed. Intermediate Course is two days, \$795.00.

The training classes will be held seven consecutive days, Monday through Sunday, beginning at 8:30 a.m. on Monday.

All cashier's checks/money orders should be made payable to Facial Designs Permanent Cosmetics and mailed to the address below.

Facial Designs Permanent Cosmetics, LLC

980 East Highway 54, Suite B

Camdenton MO 65020

(Phone) 573-346-5054 or 573-216-5051





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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 as designated above 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 on or before the first day of the designated class date. **Initial** _____
3. 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 Facial Designs to complete the training course. Facial Designs does not offer refunds. **Initial** _____
4. It is understood that if I have any special needs required to complete the on-site portion of the class, I must notify Facial Designs no later than two weeks in advance of the scheduled first day of class. Example: Latex allergy, non-latex gloves required. **Initial** _____
5. 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) for a referral to and OSHA trainer. **Initial** _____
6. 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 Marilyn Rustand and/or her associates, and Facial Designs Permanent Cosmetics harmless for any accidental exposure to Bloodborne Pathogens during the on-site class session. **Initial** _____
7. Group class sizes are limited to two students. Facial Designs shall employ a qualified assistant trainer for fundamental classes with more than two students attending the hands on portion of the class. This policy ensures that each student is properly supervised during the performance of hands on procedures conducted in class. **Initial** _____
8. I understand that all training materials are copyrighted materials of Facial Designs Permanent Cosmetics and may not be reproduced without the written permission of Marilyn Rustand. **Initial** _____
9. 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: _____
10. Students are responsible for their own transportation to and from class and for his/her own housing accommodations for the duration of the class. Lunch is off-site daily and will be taken as time permits between class instruction and hands on model assignments. **Initial** _____





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11. Students agree to follow all instruction provided and must work cohesively with trainer and fellow classmates. **Initial** _____
12. Students are responsible for bringing a camera that they are familiar with for the purpose of taking before and after photographs of their hands on work performed during class. **Initial** _____
13. It is understood that I must finish all hours of training including any 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** _____
14. In the event models cancel their scheduled appointments, it is understood that the instructor will show permanent cosmetic videos, power point presentations or assign practical work. **Initial** _____
15. You will receive a basic product kit at the completion of a fundamental class. Any desired additional supplies or other tattoo device of your choice are separate and must be purchased independent of the product kit. **Initial** _____
16. It is understood there is no guarantee of success in the permanent cosmetics industry, and that Facial Designs Permanent Cosmetics does not offer job placement services. **Initial** _____
17. It is the student's responsibility after the fundamental class to seek continuing education and advanced training as needed. **Initial** _____
18. Facial Designs provides post class support for a period of one year via email, by phone, or at office during regular business hours. **Initial** _____
19. I have read and understood 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 Designs Permanent Cosmetics. **Initial** _____

Class Date of Choice: (Month/Day) _____ to Month/Day _____

Name: (please print) _____

Signature and Date: Student: _____

Signature and Date: Instructor/Owner Facial Designs Permanent Cosmetics, LLC

