

CHELMSFORD BEAUTY ACADEMY

60 Chelmsford St. 2nd Floor
Chelmsford, MA 01824
978-250-4488

First Name: _____ MI: _____ Last Name: _____

Gender: Female Male Prefer not to answer

Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: ____/____/____ Social Security #: _____

Cell#: _____ Work #: _____ Home#: _____

Email: _____

I am a U.S. Citizen Permanent Resident

Emergency Contact

Name: _____ Phone #: _____

Relationship: _____

Highest Level of Education		
Name of High School/College	City/State or Country	Area of Study

Start Date: ____/____/____ Approx. End Date: ____/____/____
(filled out by staff)

I am applying for

100 Hours Manicurist Full Time Schedule (Mon-Wed 9:30AM-4:30PM)

100 hours Manicurist Part Time Schedule (Sat 9:30AM-4:30PM)

100 hours Manicurist Part Time Schedule (Mon-Tue 5:00PM-9:30PM)

MANICURIST PROGRAM COST

Student Kit \$100.00**

Lab Fee \$350.00

Tuition \$1000.00

TOTAL \$1500.00

Tuition will be increasing to \$1700.00 in 2025

1 _____ (Initials)

****Non refundable after the first day of class. Please see class outline for list of content in student kit.**

Students have up to 30 days from date of registration to switch to different sections as long as the class has yet to start, if not students will have to pay registration fee again.

Please carefully read the Cancellation Refund Policy for Withdrawal Procedure.

Student Kit

Please see class outline.

Method of Payment

In House

For all repayment options there is a 0% interest rate but are late and returned check fees. For the In House Repayment, we accept cash. There is a late fee of \$25.00 for repayment past 4 days of payment due date, \$50.00 for repayment past 2 weeks of payment due date, and returned check fee of \$30.00.

*****We do offer a discount for those who pay a one-time payment. We also offer our own in-house repayment program. (SEE OUTLINE)***

Attendance

After 5 days of excused or unexcused absences student's enrollment will be up to administration discrepancies. Students are required to provide documentation for absences longer than one week.

Valid reason must be given to the administration if a student will be absent for more than two consecutive weeks. If there is no notification given – students will automatically be withdrawn with no refund.

Planned days off needed must be requested and submitted before the start of class.

Time cards

1. For school to keep track of student hours, students must clock in at time of arrival and clock out before leaving.
2. 30 Minutes will be deducted for lunch per class day.

Appearance/Uniform

1. Students are expected to come to school in a black top
 - a. Rips, low cuts, and sleeveless tops are strictly prohibited. Mid drift cannot be showing.
 - b. Bottoms must be free of rips and skirts and shorts must at knee-length
 - c. Closed toe shoes are required.
 - d. No artificial nails. Students are required to work on each other for nails and feet
2. Students who do not abide by these rules will not receive hours.

Graduation Requirements

100 Hours

Passing grade of 75% for Theory

Completed student clinic requirements

WITHDRAWAL PROCEDURE

A student choosing to withdraw from Chelmsford Beauty Academy after the commencement of classes is to provide a written notice to the administration. The notice must be signed and dated by the student.

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument. Both sides of the contract are binding only when the agreement is accepted, signed and dated by the authorized administration staff at Chelmsford Beauty Academy is the principal place of business. Read both sides before signing.
3. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
4. This agreement constitutes the entire agreement between the student and the school.
5. Chelmsford Beauty Academy does not guarantee job placement to graduates upon graduation.
6. Chelmsford Beauty Academy reserves the right to reschedule the program start date with the number of students scheduled is too small.
7. Chelmsford Beauty Academy reserves the right to terminate a student's training for unsatisfactory progress, nonpayment of tuition or failure to abide establishment's standards of conduct.
8. Chelmsford Beauty Academy does not transfer credits to a college, university or institution. Any decision on the comparability appropriateness and application of credit and whether they should be accepted is the decision of the receiving institution.

Student/Guardian Signature: _____ Date: _____

SCHOOL POLICY

1. Students must complete 85 hours by the end of course completion date if not students will have to pay \$10 per hour.
2. All students must be in full uniforms during school hours or may not receive hours for the day.
3. Students who are absent for more than two weeks without a notice will be withdrawn from Chelmsford Beauty Academy without a refund. Students may be absent for an extended period only with a written notice given to administration.

4. Students who are absent or are leaving for the day must inform an instructor or staff member with the proper email prior to the start of class or may not receive hours for the day.
5. Students are expected to follow classroom or clinic policies if not they may be reprimanded.
6. We have a zero tolerance policy of bullying or harassment against staff, other classmates, and clients. Student's enrollment will be terminated for any incident occurring.
7. Students must retrieve graduation documents within 2 weeks of graduation completion date or 2 weeks after last payment date, whichever is the latter, if not an additional administration fee will incur.

I have read and understand this agreement and acknowledge receipt of the copy. My signature below signifies that I have read and understood all aspects of this agreement and do recognize my responsibility regarding this contract.

_____ Signature _____ Date _____

_____ Administration Signature _____ Date _____

STUDENT ACKNOWLEDGEMENT

I have carefully read and received an exact copy of this enrollment agreement.
 _____ (Initials)

I understand that Chelmsford Beauty Academy may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school handbook, while enrolled at Chelmsford Beauty Academy. Student's enrollment will be terminated if they are in suspension for more than a 1 month period. 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 the certificate may be awarded. _____ (Initials)

I understand that Chelmsford Beauty Academy does not guarantee job placement to graduates upon program completion or upon graduation. _____ (Initials)

I have read and understood the refund policy (as per M.G.L. chapter 255, section 13K).
 _____ (Initials)

I agree to pay the tuition in full within 2 weeks of completion date unless an agreement has been approved at the director's discretion. After 2 weeks a fee will be added to the balance due.
 _____ (Initials)

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 contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the school official. I also understand that if default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by Chelmsford Beauty Academy. My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibility in regards to this contract.

Student/Guardian Signature: _____ **Date:** _____

Administration Signature: _____ **Date:** _____

SERVICE AGREEMENT

THIS SERVICE AGREEMENT, (the agreement) is made and entered into this month ____ day of _____, 20_____, by and between Chelmsford Beauty Academy LLC, and payer _____ (student's name).

1. The student understands and agrees that UP TO 4 weeks upon graduation they can take practice test(s) for such licensure with no additional fee. _____(Initials)

2. The student understands and agrees that they are limited to 3 practice tests per day. _____(Initials)

3. The student understands and agrees that AFTER 4 weeks they must pay an additional fee for up to 1 month if they require additional testing. _____(Initials)

I, _____, have read and understood agreements made on this contract.

Student/Guardian Signature: _____ **Date:** _____

Administration Signature: _____ **Date:** _____

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Students are able to submit their application online through email to Admissions@chelmsfordacademy.com or in person. Student must submit the following with their application:

- ✓ Have taken a School Tour

- ✓ Copy of Driver License, State ID, or Passport

- ✓ Registration fee of \$50.00 (not part of tuition & non-refundable)