



1825 Mulberry Lane  
Wenatchee, WA 98801  
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[www.DermaTechPermanentCosmetics.com](http://www.DermaTechPermanentCosmetics.com)  
2024

### Student Application and Enrollment Agreement

This Enrollment Agreement is between DermaTech Permanent Cosmetics llc and:

STUDENT NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_ Social Security \_\_\_-\_\_\_-\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: *Permanent Cosmetics, LLC* \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Education: Name of High School or GED diploma \_\_\_\_\_ Year grad \_\_\_\_\_

You must be 18 years of age upon receipt of study materials. Are you at least 18? Yes\_\_ No\_\_

List any Degree(s) or Certificate(s) College OR Vocational School: \_\_\_\_\_



Have you ever worked or had experience in the beauty or tattoo industry? Yes\_\_\_ No\_\_\_ If yes, in what capacity?\_\_\_\_\_

Have you ever worked or had experience in the medical field? Yes\_\_\_ No\_\_\_ If yes, in what capacity?\_\_\_\_\_

What is your current or most recent occupation?\_\_\_\_\_

Are you able to see close up with or without glasses? Yes\_\_\_ No\_\_\_ If no, please explain\_\_\_\_\_

Are you color blind? Yes\_\_\_ No\_\_\_

Do you have any mental and/or physical challenges that may affect your ability to perform permanent cosmetic art on people in class? No\_\_\_ Yes\_\_\_ If yes please explain concerns \_\_\_\_\_

How did you hear about DermaTech Permanent Cosmetics?\_\_\_\_\_

Do you have any Permanent Cosmetics on your face? Yes\_\_\_ No\_\_\_  
If yes, are you happy with the result? Yes\_\_\_ No\_\_\_

What single procedure are you most interested in having done to you by the instructor in class?  
Brows\_\_\_ Eyes\_\_\_ Lips\_\_\_ If you checked lips and have ever had a fever blister/cold sore, you must take a prescription for Valtrex to be taken 2-3 days before you arrive and continue for 1 week to avoid an outbreak during class.

Have you ever attended permanent cosmetics training(s) before? Yes\_\_\_ No\_\_\_ If yes, provide copy(s) of certificate(s).

Have you had any hands-on experience since your original training? Yes\_\_\_ No\_\_\_ If you answered "yes," why do you feel you need additional training?\_\_\_\_\_



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Why are you interested in a career in Permanent Cosmetics?

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Additional comments:

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Because of the limited class size, some scheduling flexibility is permitted with advance notice. Most students choose to complete the hands-on portion in 5 consecutive days. If this is not feasible, contact instructor for model scheduling.

Requested months of classroom time: 2024\_\_ 2025\_\_

Month: JAN\_ FEB\_ MAR\_ APR\_ MAY\_ JUN\_ JUL\_ AUG\_ SEPT\_ OCT\_ NOV\_ DEC\_

Theory days are Monday and Tuesday

Model days are Wed, Thurs, Friday. (Weekend charge fee is additional 200.00 per day)

\*Models may be scheduled up to 3 weeks following completion of theory provided time slots are available. Scheduling needs to be done well in advance to ensure availability.

\*Examples for late model scheduling are childcare, job time off, or personal matters causing difficulty or conflict with training days etc...

Physical Start date if known: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



The school agrees to provide the following training:

Course Title: DermaTech Permanent Cosmetics Fundamental Training

Program consists of 50 hours home study and 50 hours class work and practical = 100 total hours. Course begins when you receive and open the study materials. By accepting and opening packet of books and study materials, you are acknowledging your home study is credited 50 hours.

<b>Tuition Cost: 5500.00 everything included</b>	
Registration deposit and administrative fee of 150.00 applies towards tuition. Non-refundable once books and home study materials have been opened-----	\$1000.00
TOTAL: Tuition, books and study materials for home study, practice materials, take home complete starter kit, 5 models, course supplies, certificate-----	\$5500.00
Discount if paid in full <b>if accompanied with completed, and signed enrollment agreement</b> -----	-\$100.00

\*Washington State requires licensing, please obtain prior to class.

To purchase professional license, go to [www.dol.wa.gov](http://www.dol.wa.gov) professional division. Contact instructor for clarification or questions.

**Method of payment:**

I agree that the payment of program costs will be satisfied by (circle all that apply):

Check Cash Credit Card (3.5% fee) Financial Aid Third Party

Down Payment- \$1000.00

Check Cash Credit Card (3.5% fee) Financial Aid/3rd Party

Remaining Payment Due-\$4500.00

Check Cash Credit Card (3.5% fee) Financial Aid/3rd Party

Payment in full ( \$5400.00 ) included with completed enrollment agreement -\$100.00

Check Cash Credit Card (3.5% fee) Financial Aid/3rd Party

Payment is required to be paid in full before the start of class with unless the payment plan is filled out and approved by school.

**Agreement Notice:**

This agreement will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of the school prior to the time instruction begins.



**Changes in the Agreement:**

Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student or the student’s parent or guardian if he/she is a minor.

**Cancellation of Classes:**

DermaTech Permanent Cosmetics reserves the right to cancel a class due to illness or any unforeseen event or emergency. Such a cancellation will be considered a rejection by the school and will entitle the student to a full refund of all money paid. Undamaged books may be returned for refund.

Due to the nature of this training, live models provided by the school must be vetted and screened, scheduled, and secured to ensure hands on practice for the student. Consideration of the time and arrangements necessary by DermaTech Permanent Cosmetic’s involvement of outside parties is an important factor when a cancellation occurs.

**Cancellation and Refund Policy for DermaTech Permanent Cosmetics Training Program:**

**Due to the nature of this limited class size of 2 students and 1 on 1 instruction and supervision with live models, if you have any reservations about the ability to be present, do not register, Read policy below:**

Resident Program for specialty training:

1. The school must refund all monies paid if the applicant is not accepted. This includes instances where a starting class is cancelled by the school.
2. The school must refund all monies paid if the applicant cancels within five business days (excluding Sundays and holidays) after the day the contract is signed or an initial payment is made if the applicant has not begun training.
3. The school may retain deposit for books received /registration fee equal to ten percent of the total tuition cost, or \$150.00. A registration fee is charged by a school to process student applications and establish a student record system.
4. If training is terminated after the student enters classes, the school may retain the deposit registration fee established under 3 of this section, plus a percentage of the total tuition as described in the following table below:
- 5.

<b>If the student completes this amount of training:</b>	<b>School may keep this percentage of tuition:</b>
One week or up to 10%, whichever is less	10%
More than one week (or 10%), whichever is less, but less than 25%	25%
25% through 50%	50%
More than 50%	100%

5. When calculating refunds, the official date of a student’s termination is the last day of recorded attendance:



- a. When the school receives notice of the student’s intention to discontinue the training program; or,
- b. When the student is terminated for a violation of a published school policy which provides for termination; or,
- c. When a student, without notice, fails to attend classes for two calendar days.

6. All refunds must be paid within thirty calendar days of the student’s official termination date.

Distance Education Programs:

7. A student may request cancellation in any manner and upon such request for cancellation being received and recorded by the school demonstrating the last date of attendance and/or completion of a lesson.

8. The following is a minimum refund policy for distance education courses without mandatory resident training and does not apply to fundamental programs:
- a. An applicant may cancel up to five business days after signing the enrollment agreement. In the event of a dispute over timely notice, the burden to prove service rests on the student.
  - b. If a student cancels after the fifth calendar day (excluding Sundays and holidays) but before the school receives the first completed lesson, the school may keep only a registration fee equal to fifteen percent of the tuition, but no greater than a registration fee of one hundred fifty dollars.
  - c. After the school receives the student's first completed lesson and until the student completes half the total number of lessons in the program, the school is entitled to keep the registration fee and a percentage of the total tuition as described in the following table:

<b>If the student completes this amount of training:</b>	<b>School may keep this percentage of tuition:</b>
One week or up to 10%, whichever is less	10%
More than one week (or 10%), whichever is less, but less than 25%	25%
25% through 50%	50%
More than 50%	100%

d. Calculate the amount of the course completed by dividing the number of lesson assignments contained in the program by the number of completed lessons received from the student.



**Payment Agreement**

On this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, Student has agreed to pay the sum of \$5500.00 to DERMATECH PERMANENT COSMETICS (\$100.00 discount for payment in full submitted with completed application and enrollment agreement.) \$1000.00 deposit is required to reserve your class time and receive books. This payment is due before the start of class unless other arrangements are noted in the optional payment plan agreement below.

Check one : Payment in full today \$5400.00 \_\_\_

Deposit \$1000.00 \_\_\_

I understand remainder of \$4500.00 is due before start of class unless arrangements are made with instructor at least 1 week prior to start of class. **Signed by Student** \_\_\_\_\_

Cash amount today \$ \_\_\_\_\_

Check(s) amount today \$ \_\_\_\_\_ payable to DermaTech Permanent Cosmetics

Credit Card amount today \$ \_\_\_\_\_ plus 3.5% processing fee

VISA/MasterCard # \_\_\_\_\_

3 digit code on back \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_

Billing address \_\_\_\_\_

Zip code \_\_\_\_\_

Name on card \_\_\_\_\_

**Cardholder's signature** \_\_\_\_\_

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**DermaTech Financing Payment Plan (Optional if full payment is not arranged)**

If you decide to finance tuition through DermaTech Permanent Cosmetics, arrangements MUST be made prior to start of class. DermaTech payment plan is offered as a courtesy in good faith with the following conditions:

- 1. Minimum of 1/2 down before start of class
- 2. DermaTech Permanent Cosmetics agrees to finance remainder owed plus 8% with 3 consecutive monthly postdated checks commencing one month from first day of class- checks to be received prior to class.
- 3. Payment commences 1 month from start of class date.
- 4. Declined check will be assessed \$50.00.
- 5. Late payments will be charged an additional 10% on balance due, accruing monthly.
- 6. Non-payment of a period of 60 days will be considered the financing is in default.
- 7. If in default, student kit will be assessed at an additional \$400.00 plus finance fees, interest, and penalties will be referred to collections and the student will be financially responsible for all recovery costs, legal fees and all additional expenses incurred by the school. (You are allowed to take home your kit on good faith that payment will be made in full.)
- 8. Certificate will be awarded after final payment is received.

**Three checks at 8% interest, postdated on agreed upon days will be held by school to be deposited on said date on checks.**

Start date of payments begins 1 month from start of class: Date: \_\_\_/\_\_\_/\_\_\_

Check # 1 \_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Amount \$ \_\_\_\_\_  
Check # 2 \_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Amount \$ \_\_\_\_\_  
Check # 3 \_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Amount \$ \_\_\_\_\_

I agree to terms of this payment plan.

Check owner signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Student signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

Instructor signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_





1825 Mulberry Lane Wenatchee, Wa 98801

(509) 670-1042

marytanneberg@gmail.com

**Notice to Buyer:**

Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal document. All pages of this agreement are binding. Read all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign and are required to sign a statement acknowledging receipt of those.

**Cancellation of Contract:**

If you have not started training, you may cancel this contract by submitting written notice of such cancellation to the school at its address shown on the contract, which notice shall be submitted not later than midnight of the fifth business day (excluding Sundays and holidays) following your signing this contract or the written notice may be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the sender.

Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under RCW 28C.10. One copy of this notice bearing original signatures must be attached by the school as an addendum to that individual's enrollment agreement and a copy must be provided to the enrollee by the school.

**Unfair Business Practices:**

It is an unfair business practice for the school to sell, discount or otherwise transfer this contract or promissory note without signed written consent of his/her financial sponsors if he/she is a minor and a written statement notifying all parties that the cancellation and refund policy continues to apply.

**ACKNOWLEDGMENT BY ENROLLEE**

1. I understand and accept that any contract for training I enter into with the above-named school contains legally binding obligations and responsibilities.
2. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.
3. I understand that any enrollment contract I enter into will not be binding or take effect for at least five days, excluding Sundays and holidays, following the last date such a contract is signed by the school and myself, provided that I have not entered classes.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**ACKNOWLEDGMENT BY SCHOOL**

Prior to being enrolled in this school, the applicant whose name and signature appears above has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen occupation.

Name of authorized representative: Mary Tanneberg Hisel

Title: Owner / Instructor

Signature: \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_\_

**Certification:**

I certify that I have read and understand the cancellation and refund policy and the complaint procedure; I have received a copy of the course outline or brochure; and I am entitled to an exact copy of this Enrollment Agreement, course outline, and any other papers I sign.

**Student:** \_\_\_\_\_

Please print

\_\_\_\_\_  
Signature Date

**Parent or Guardian** (if the student is under 18 years of age)

\_\_\_\_\_  
Signature Date



This school is licensed under Chapter 28C.10 RCW. Inquiries or complaints regarding this private vocational school may be made to the:  
Workforce Board, 128 - 10th Ave. SW, Box 43105, Olympia, Washington 98504

Web: [wtb.wa.gov](http://wtb.wa.gov)

Phone: 360-753-5662

E-Mail Address: [wtecb@wtb.wa.gov](mailto:wtecb@wtb.wa.gov)

How to file a complaint: Washington law requires private vocational schools to inform students how to file a complaint. By signing this form, you acknowledge this process has been explained. Below are the next steps the school must take in discussing this policy with you, along with the information about the complaint process. Discussion about complaint policy required: First, a school representative must discuss the school's complaint policy with you. Following this discussion, you will be provided with this attachment to sign. After you sign this form, the school will give you a copy for your records. The school will keep a copy in your file.

Acknowledge of Complaint process by student:

1. The school has described the grievance and complaint policy to me.
2. I understand the policy can also be found in the school catalog.
3. I should first try to resolve a complaint or concern with my instructor or school administrator.
4. I understand nothing prevents me from contacting the Workforce Board at 360-709-4600 at any time with a concern or complaint and complaint forms are: [http://wtb.wa.gov/PCS Complaints.asp](http://wtb.wa.gov/PCS%20Complaints.asp)
5. I understand I have 1 year to file a complaint from last day of attendance.
6. I understand in the event of a school closure I have 60 days to file a complaint.
7. I understand complaints are public records.
8. Finally, I acknowledge that details about the complaint process, my rights, and any restrictions on time I have to file a complaint can be found at [http://wtb.wa.gov/PCS Complaints.asp](http://wtb.wa.gov/PCS%20Complaints.asp)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

