



**Student Enrollment Agreement**  
MASSACHUSETTS ACADEMY OF BEAUTIOLOGY  
Marlete Rocha-Tringale

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone to Reach You: \_\_\_\_\_

Email: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

ID Number: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

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

Primary Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_

Are you over 18?

Yes ( ) No ( )

***Please write your initials on the line next to the number after you have clearly understood each statement.***

1. \_\_\_\_ It is the responsibility of the student to research all state and local regulations applicable to permanent cosmetics in their locality and to determine if any applicable profession regulations are in conflict with performing permanent cosmetic services at the location where the business is established.

2. \_\_\_\_ A non-refundable deposit as designated per class type selected (Group, Private, Fundamental, Advanced, Paramedical) 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 one week prior to the scheduled class date. (If payment balance is to be made in cash it can be accepted on the first day of the class)

Group \$ \_\_\_\_\_

Private \$ \_\_\_\_\_

3. \_\_\_\_ Once the required applicable deposit and completed student enrollment form is received for a fundamental class, pre-class training materials will be mailed, emailed and/or presented in person.

4. \_\_\_\_ It is understood that if I have any special needs required completing the on-site portion of the class, I must notify Marlete Rocha Tringale of these needs no later than one month in advance of the schedules first day of class. Example: latex allergy specific glove size, readers required, diabetic, etc.

5. \_\_\_\_ It is each student's responsibility to arrange to attend an OSHA Blood borne Pathogens Standards class before (mandate to attend Marlete Tringale course to complete prior to class starts) or as required by law in your locality. You can contact your local Health Department to find a location and class time.

6. \_\_\_\_ I understand that during the class, the procedures I will be conducting are invasive. It is my responsibility to acquire the Hepatitis B series of immunizations, or if I have not acquired, or start or completed the immunization series prior to the first day of class, I agree to decline the Hepatitis B inoculation process in writing and provide that to Marlete Tringale, but your will not be allowed to take the text with AAM without it, In either case, I hold Marlete Tringale and or her associates, and the Center for Permanent Makeup Training Center harmless for any accidental exposure to bloodborne pathogens, including needle sticks, during the on-site class session or after completion. Students are required to arrange for a minimum of two models for each procedure performed to bring to the class for the hands-on work, at the times selected for the models schedule. Please do not ask to change the model schedule. \*

7. \_\_\_\_ Check box to confirm if you are local

8. \_\_\_\_ Check here if you are not local to the area you will be trained.

9. \_\_\_\_ I understand that the textbooks/manuals and all other teaching materials are not to be reproduced or otherwise provided to another person under any condition.

10. \_\_\_\_ The fees associated with this class do not include supplies. All supplies needed to do permanent makeup post class are sold separately. Kits range prices

Do you have any visual or physical impairment that will make it difficult to learn a detailed craft like permanent cosmetics? \*

Yes ( ) No ( )

If yes, please list in detail about your visual or physical impairment. \*

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11. \_\_\_\_ It is understood that students must arrive to class on time every day and not leave

early unless prior written request is given to Marlete Tringale.

12. \_\_\_\_ You agree to follow all instruction provided through pre-class directions and during class and agrees to work cohesively with fellow classmates and trainers or assistance.

13. \_\_\_\_ If at any time before, during or after class Marlete Tringale feels that any student(s) is using any type of drugs or alcohol, Marlete Tringale has the right to discontinue class immediately and/or revoke student(s) certification with no refund, of any kind, to be returned to Student and/or to any other individual that has paid money

regarding class and supplies.

14. \_\_\_\_ It is understood that each student must finish all hours of training including pre-class and evening homework study assignments and perform satisfactory hands-on procedures approved by Marlete Tringale in order to receive a Certificate of Completion for class attendance. Marlete Tringale has no obligation to issue a Certificate of Completion if the student does not complete pre-class and in-class study assignments or in the event one or more of the procedures taught are not performed to Marlete Tringale's satisfaction during hands-on sessions of the class. Marlete Tringale may issue a Certificate of Completion, reflecting only the procedure type(s) performed to Marlete Tringale's satisfaction if the pre class and in-class study assignments, as required, are completed.

15. \_\_\_\_ Students are required to bring a camera they are familiar with. One appropriate for taking close-up photographs. It is the responsibility of the student to take his/her photographs of the models prior to and after the work performed in class. This represents the beginning of a practical portfolio for marketing and consultation purposes. Students must also have their fingernails trimmed short prior to class.

16. \_\_\_\_ It is understood there is no guarantee of success in the permanent cosmetic industry, and that Marlete Tringale does not offer job placement services.

17. \_\_\_\_ It is each student's responsibility, after the fundamental class, to seek continuing education and advanced training as needed to perform safe and esthetically accepted procedures. Marlete Tringale can provide advance classes.

18. \_\_\_\_ Marlete Tringale provides 6 month post class support regarding technical questions that cannot be answered in the manuals, What Sapp or Vibe 508 577 7697. Additional on-site time requires an associated fee.

19. \_\_\_\_ It is the responsibility of each student to obtain any permits, licensing or certification post all classes. This includes insurance. Every state will vary, Every Town will vary.

20. \_\_\_\_ Students can request a break when needed.

21. \_\_\_\_ If a dispute should arise, I agree to resolve this through arbitration with the American Arbitration Association.

22. \_\_\_\_ I release the use of all photos including those of myself taken in class to be used for any purpose that Marlete Tringale sees fit to use them for.

23. \_\_\_\_ I have read and understood all aspects of the Student Enrollment Agreement and had the opportunity to have all my questions regarding class answered prior to signing this agreement and enrolling in a fundamental and/or other specified class offered by Marlete Tringale.

# Student Agreement

Course Description: \_\_\_\_\_

Starting Attendance Date: \_\_\_\_\_

Ending Attendance Date: \_\_\_\_\_

*By signing here, the student acknowledges and agrees to having understood this contract*

Print Student name: \_\_\_\_\_

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

Today's Date: \_\_\_\_\_

## Course Certificate

This course will provide a certificate of completion but the instructor is not obligated to give a certificate if student does qualify for it.

## Workshop Certificate

This workshop will provide a certificate of attendance. MAB is therefore not guaranteeing the student work and further study is recommended. Student is responsible for obtaining their licenses and permits that is required to act in accordance with local, state and national law. At no time does Marlete Tringale / New reflections /MAB make any commitment or responsibility to the regulations or warrant that the student will be licensed and or be quick to work or perform the work in the area studied. the student will be held solely responsible for any legal matter if the case arises.

Participant's signature

Date

Instructor Signature

Date



**Student Deposit Agreement**  
MASSACHUSETTS ACADEMY OF BEAUTIOLOGY  
Marlete Rocha-Tringale

An advanced payment of 20% is due upon signing up for any of MAB's Courses or Workshops

The remaining amount has to be paid as follow:

20% on the day that sign up for course with return signed contract

30% 4 weeks before the beginning of the course

50 % 5 days before the beginning of the course (Payment can be made on the day of the course, but only if you are paying in cash) no exception.

If you are not able to take part in the course, a full deposit of 20% will be retained.

(If explanation is reasonable and accepted, your deposit can be used for a future course or be passed to another person of your choosing if cancelation is made 3 weeks before the course starts.)

The contractual obligations of the participant will remain unaffected. In case of cancellation 10 days prior to the beginning of the workshop, a cancellation fee of 50 % of the amount for the Course will be charged. In case of cancellation less than 5 days prior to the beginning of the workshop, the total amount of the course will be charged. In the event of cancelation of the class, the full amount paid will be refunded to the participant. The Academy reserves the right to postpone the class in case of major eventuality. A new date will be assigned promptly. In case student cannot make this new date, they can choose one of the calendar futures courses.

**Course Description:** \_\_\_\_\_

**The total cost of the Course/Workshop is \$** \_\_\_\_\_

**Deposit Amount (Has to be %20 of the inial tuition fee): \$** \_\_\_\_\_

**Payment Method:** \_\_\_\_\_

**Student's Full Name:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Email the signed contract to [mabpmuacademy@gmail.com](mailto:mabpmuacademy@gmail.com) with proof of deposit.

***Please continue to the next page for payment methods and information.***

# PAYMENT METHODS

DISCLAIMER: Please be aware that MAB is ***not*** responsible for any fees applied to any transaction. All fees have to be paid by the sender. NOT the academy.



**ZELLE:**  
(508) 577-7697



**VENMO:**  
@NewReflectionsByMRT



## **Credit Card**

Please call (508) 577-7697

***Fees will be paid by sender (4%)***



## **Check**

Made to the order of: Massachusetts Academy of Beautiology (MAB)

***Checks will only be accepted for the 20% deposit. The rest of the payment has to be paid in full on the first day of class.***

***Please remember to send a payment confirmation receipt.***

## **CONTACT INFORMATION:**

Phone: call or text (508) 577-7697

Email: [mabpmuacademy@gmail.com](mailto:mabpmuacademy@gmail.com) or  
[newreflectionsmpu@hotmail.com](mailto:newreflectionsmpu@hotmail.com)

Address: 310 Court St, Plymouth MA 02360