

The Chrysm Institute of Esthetics
 281 Independence Blvd, Suite 101, 202, and 208
 Virginia Beach, VA 23462
financialaid@chrysm.edu

Application for Admission

Please complete all sections of the Application for Admission, with accuracy in its **entirety**. Application packages that are missing required documents at the time of submission will not be accepted for submission. To apply, applicants must submit: nonrefundable \$50 application fee (valid for one year), fully completed application, copy of your High School Diploma/transcript (or equivalent), copy of valid government-issued photo ID, signed social security card, any immigration information (permanent resident card, certificate of naturalization, etc.) as applicable, before your application can be considered.

A. Personal Information

Name: _____

Last	First	Middle Initial

Address: _____ City, State, Zip: _____

Email: _____ Cell Phone: (____) _____

SSN #: _____ - _____ - _____ Home Phone: (____) _____

DOB: _____ / _____ / _____ Work Phone: (____) _____

Residency: Do you claim Virginia residency? Yes No, please specify: _____

Check all that apply:

Ethnicity: Asian Nonresident Alien Other, please specify: _____
 Black or African American American Indian or Alaska Native _____
 White Native Hawaiian or Other Pacific Islander _____
 Hispanic/Latino Two or more races _____

Citizenship: USA Resident Alien Other, please specify _____
(Please provide permanent resident card with application) and provide applicable documentation. _____

B. Emergency Contact Information

In case of emergency, notify:

Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Cell Phone: (____) _____ Alternate Phone: (____) _____ Home Work

C. Education

- a. Do you currently or do you plan to attend another institution while enrolled at The Chrysm Institute? Yes No
- b. Have you ever taken any postsecondary/college courses of any kind (i.e. college/university classes, community college, career/vocational school education, military courses, etc.) Yes No
- c. Highest Level Completed: High School Diploma GED Associates Degree Bachelor's Degree
 Other, please describe: _____

Please list all schools you've attended even if you did not complete the program.

Level	Name of School	Dates/Semesters Attended:	Grad. Date (If Applicable)
High School:			
College/University:			
College/University:			
Other:			

D. Personal References

Please list 3 personal references we may contact:

Name	Phone	Email	Address	Relation, Yrs Known
1.				
2.				
3.				

E. Employment History

Please begin with most recent employment

Employer	City/State	From	To

F. Registration

Planned start date: _____ / _____

Enrollment Status: Full Time Part Time

G. Finance

Please select planned payment type:

- Financial Aid → Be sure to fill out your FAFSA and schedule an appointment with the Financial Aid Office.
- GI Bill/Veteran’s Benefits → Provide the school with your benefits Preapproval letter.
- MyCAA → Contact your representative to find out what the paperwork you need to file.
- Payment Plan/Cash → When participating in a payment plan, the school requires a credit/debit/check card on file for automatic payments. The cardholder making the payments will need to be present with valid, government-issued photo ID when signing the automatic payment agreement.

H. Licensing

Do you currently hold a have you been previously licensed in Virginia as an Esthetician or Master Esthetician?

Yes No If yes, provide license number and expiration date below.

VA License #: _____ Exp. Date: ____ / ____ / ____

Do you currently hold a current or expired Esthetician license, certification, or registration in any state or jurisdiction within the United States or its territories (excluding Virginia)? Yes No

If yes, provide the state/jurisdiction, license/certification/registration number, and expiration date below.

State/Juris.: _____ License/Cert./Regist. #: _____ Exp. Date: ____ / ____ / ____

State/Juris.: _____ License/Cert./Regist. #: _____ Exp. Date: ____ / ____ / ____

I. Social Security Card (Signed)

Please provide copy of signed social security card with application. Your application package will not be accepted if your signed social security card is not included.

J. High School Diploma/Transcript/GED/Equivalent

Please provide copy of high school diploma/transcript/GED/equivalent with application. Your application package will not be accepted if your high school diploma/transcript/GED is not included.

If the institution has reason to believe that a high school diploma is not valid, the institution will evaluate the validity of the student’s high school completion. If the high school diploma is deemed invalid, student may be denied admission.

Students with foreign high school diplomas are responsible for translating their documents into English in addition to having their diploma evaluated for U.S. High School Diploma Equivalency by a qualified agency. The translated and evaluated diploma is a part of the application process, therefore, students cannot apply prior to the translation and evaluation of their diploma.

K. Valid, Government-Issued Photo ID

Please provide copy of current (not-expired), government-issued photo identification with application. Your application package will not be accepted if your valid, government-issued photo ID is not attached.

L. Non-Refundable \$50 Application Fee

Please provide \$50 application fee at the time of application. Your application package will not be accepted without the nonrefundable \$50 application fee. The nonrefundable application fee and valid for one (1) year. Application fees can be paid via credit/debit card, cash, check or money order made out to The Chrysm Institute of Esthetics.

Reservation in the class may be forfeited if student does not respond to repeated attempts to contact prior to starting class.

M. Statement of Purpose

Please describe your professional goals and how you hope to use this training:

I. Confirmation and Acknowledgment

By signing this form:

- I agree to submit all necessary registration paperwork prior to enrollment.
- I acknowledge that I have read, understand and agree to comply with the student rights, privileges and responsibilities as well as the codes of practice.
- State that to the best of my knowledge I am free of communicable disease, in good health and physically able to practice in this field.
- Certify that the information given is full, true and correct to the best of my knowledge.

Applicant Signature

Date

School Official Signature

Date Received

Please complete Student Confidentiality Contract on the next page.

Student Confidentiality Contract

Student Name: _____

Confidentiality, Agreements Not to Solicit or Compete, and Protection of Proprietary Information

The Student understands and acknowledges that his or her access to lessons and materials from the School is for the sole use of the Student in learning during the course of study enrolled in hereunder. The Student understands and acknowledges that the School has stated that the School's educational material does not fall under any fair use laws, and the Student agrees not to use such materials except as authorized in his or her course of study with the School. The Student understands and acknowledges that the materials used in his or her course of study with the School are the sole intellectual property of the School.

The Student agrees to all of the following terms regarding confidentiality and agreements not to solicit or compete:

Student agrees that the purpose of taking this course is to learn esthetics to perform services only - not to teach courses in esthetics or share school information with other competing entities.

a. Confidentiality

1. Any person engaged in the unauthorized or invalid use of any materials belonging to the School will be prosecuted under the law for trespassing and theft. Any person who allows others to use any test preparation course, examination or online course of the School, or who downloads or allows the downloading of documents of the School, for any purpose other than the Student's educational use in his or her course of study with the School, will be subject to a minimum fine and penalty of \$10,000.00.
2. Educational materials, supplies, or any other property not belonging to the Student shall not to be taken from the School without express permission of the School's Director.
3. Materials, text or print information belonging to the School shall not be duplicated, rewritten, reworded in part or whole, or reused for any reason whatsoever. Test materials, client records and forms belonging to the School shall not be taken from the School's premises.
4. All daily operations, events during the daily operation of the school, courses, conversations, meetings, events, and general or specific information is not to be disclosed.

b. Agreement Not to Solicit

1. The Student agrees not to solicit, either directly or indirectly, any client, student or patron of the School.
2. The Students agrees not to use the School's name to promote or gain any business without the express approval of the President of the School.

c. Agreement Not to Compete

This Agreement Not to Compete is entered into freely and for valuable consideration by and between the School and the Student. Both the School and the Student acknowledge that the Student shall not receive any benefit or property interest resulting from the Student's actions in:

1. Competing with the business of the School, or
2. Providing services to a business competitor of the School during the Student's association with the School, or
3. Utilizing, disclosing, selling, or transferring the School's trade secrets or other confidential proprietary information, including, but not limited to, all materials, products, pricing information, customer list(s), etc., which the Student and the School mutually agree is the sole property of the School.

In addition, the School and the Student mutually agree to the following provisions:

1. The Student acknowledges that he or she will learn and obtain trade secrets and other confidential business information of the School, which shall include all information that is not known by, or generally available to, the public at large and that concerns the business or affairs of the School, including, without limitation, materials, products, customer lists, client needs and requirements, existing solicitation techniques and solicitation techniques in development, marketing plans either developed or actually utilized by the School, pricing information and formulas, lists, salaries and benefits. The Student acknowledges that the Student's obtaining this information is intended to and is necessary to enable the Student to attend the School as a student and to solicit, obtain and/or service clients of the School and that such information's confidentiality is necessary to the School's ability to compete with its competitors. The Student therefore agrees that:

- (a) During the term of his or her association with the School and for a period of five years after terminating association with the School, the Student will hold the trade secrets or confidential business information of the School in the strictest confidence, and will not disclose any portion thereof to any person or legal entity except as required in the performance of the Student's duties due the School during their association; and
 - (b) Upon and subsequent to termination of his or her association with the School for any reason whatever, the Student will not for a period of five years from the date of termination make any use whatsoever of the trade secrets or confidential business information of the School or any portion thereof, either on the Student's own behalf or in conjunction with or on behalf of any other person or legal entity.
2. The Student hereby agrees that he or she will not, within the Commonwealth of Virginia and for five years after termination of association with the School, own, manage, operate, control, a business similar to the type of business engaged in by the School, either directly or indirectly for the Student or any other person, corporation, firm, or other legal entity without the prior written consent of the School.
 3. The Student further agrees that, during the five year period covered by this Agreement Not to Compete, he or she will notify the School of any proposed business activity in the Commonwealth of Virginia. If, upon such notification by the Student, the School determines that the Student's business activity competes with the business engaged in by the School, then the Student shall not have the right to engage in such activity within the Commonwealth of Virginia for the duration of the five-year period.
 4. In the event that the Student engages in any activity proscribed by this Agreement Not to Compete, the Student shall be deemed to have committed a breach of this Agreement Not to Compete, entitling the School to compensatory damages. The parties stipulate that in addition to the recovery of compensatory damages for breach of this Agreement Not to Compete, the School may also enjoin the Student from continuing in the business activity proscribed by this Agreement Not to Compete. The parties further stipulate that any benefit or property interest derived by the Student from activity proscribed by this Agreement Not to Compete shall be disgorged by the Student and paid over to the School as financial damages in addition to the compensatory damages set forth above. It is further stipulated that should the School retain the services of an attorney to enforce this Agreement Not to Compete, the Student shall reimburse the School for all actual attorney fees and costs incurred.
 5. If a court determines that the duration or geographical limit of any restriction or any other provision of this Agreement Not to Compete is unreasonable or unenforceable, it is the intention of the parties, and the parties agree, that the unreasonable or unenforceable provision shall be amended to the minimum extent required to render it valid and enforceable and that the remaining provisions of the Agreement Not to Compete shall not be affected thereby.

Notice to Student Regarding School's Use of Photographs, Videos, Audio Tapes, Letters, Etc.

The School reserves the right to use photographs, videos, audio tapes, letters or quotes of or from the Student at the School's discretion and for the advancement of research or marketing materials. Submitting the signed application is the student's acknowledgement of and agreement to this policy (as listed in Confidentiality Contract page 4 and 5 of application). Should the student wish to withhold permission for use of photographs, videos, audio tapes, letters, etc., he or she must provide written notification to the school and the school will not make use of the items listed above specific to that student.

Governing Law

The laws of Virginia shall govern this Agreement.

SIGNING THIS AGREEMENT, EACH PARTY HERETO CONFIRMS THAT HE OR SHE HAS READ AND FULLY UNDERSTANDS THIS AGREEMENT, HAS RECEIVED A COPY AND THAT HE OR SHE HAS SIGNED THE AGREEMENT AS HIS OR HER FREE AND VOLUNTARY ACT.

We affirm and represent, by our signatures below that this Agreement is freely executed

Student Signature

Date

School Official Signature

Date

The Chrysm Institute of Esthetics

COVID-19 Acknowledgement of Risk Form

As a student at The Chrysm Institute of Esthetics, I accept the following conditions of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including, but not limited to slips and falls, needle pricks, and contracting diseases such as COVID-19, also known as the coronavirus disease.

COVID-19 is a pandemic of respiratory disease that spreads from person-to-person. COVID-19 can cause mild to severe illness; most severe illness occurs in older adults. Nevertheless, people of all ages are at risk of contracting COVID-19, and people with severe chronic medical conditions including, but not limited to, heart disease, lung disease, and diabetes, are at a higher risk of developing serious COVID-19 illness. I understand that, at this time, there is no vaccine to protect against COVID-19 and no medications approved to treat it.

Symptoms of COVID-19 include, but are not limited to, fever, cough, and shortness of breath. Reported illnesses may range from very mild (including some with no reported symptoms) to severe, including death. If I feel sick, I agree not to attend on campus and that I will stay home for the period of time recommended by the Centers for Disease Control and Prevention (the "CDC"), which is typically two weeks, but may be longer if I am still symptomatic or contagious. During this period of quarantine, I may leave the house to receive medical attention if necessary.

Additionally, while participating in the program, I agree to take all necessary precautions recommended by the CDC to prevent the spread of COVID-19, including but not limited to, washing my hands thoroughly and often, avoiding large gatherings per state/federal requirements, wearing a mask to cover my mouth and nose, and adhering to social distancing wherever possible.

I agree to abide by any and all specific requests by The Chrysm Institute of Esthetics for my safety and the safety of others, as well as any and all of The Chrysm Institute of Esthetics rules and policies applicable to all activities related to this program. I understand that The Chrysm Institute of Esthetics reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others.

In consideration for being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury or illness which may occur as a result of my participation or arising from my participation in this program, unless any such personal injury or illness is directly due to the negligence of The Chrysm Institute of Esthetics. I understand that this Assumption of Risk form will remain in effect during any of my enrollment, unless a specific revocation of this document

In case an emergency situation arises, please contact:

Name: _____
Phone Number: _____
Relationship: _____

I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.

_____ I represent that I am 18 years of age or older and legally capable of entering into this agreement.

_____ My child/ward is under 18 years of age and I am hereby providing permission for him/her to participate in this program, and I agree to be responsible for his/her behavior and safety during this event.

Guardian Signature: (as applicable): _____ Date: _____

Print Name: _____

Signature: _____

Date: _____

The Chrysm Institute of Esthetics

COVID-19 Exposure Policy

This policy is subject to change. Our policy is based on guidelines for colleges/universities from the Virginia Department of Health (VDH), <https://www.vdh.virginia.gov/coronavirus/schools-workplaces-community-locations/institutes-of-higher-education/>

SCENARIO A: If you are experiencing COVID-19 symptoms:

- Please notify your instructor and complete a COVID Notification of Exposure Form, available through an administrator
- Per CDC guidelines and Virginia Department of Health (VDH), it is recommended that you self quarantine
- You may not return to school until:
 - ✓ At least 10 days have passed since your symptoms first appeared OR 2 consecutive, negative test results, that are at least 24 hours apart AND
 - As applicable, you will need to provide the school copies of your 2 negative test results
 - ✓ 24 hours with no fever without the use of fever-reducing medications AND
 - ✓ No other COVID symptoms

SCENARIO B: If you have been in close contact with an individual who has confirmed positive COVID-19 test result even if you are asymptomatic or have a confirmed negative COVID-19 test result:

- Please notify your instructor and complete a COVID Notification of Exposure Form, available through an administrator
- Per VDH it is recommended you self-quarantine
- You may not return to school until:
 - ✓ At least 14 days have passed from the date most recent exposure to the individual with a confirmed positive COVID-19 test result

Close contact is defined by the CDC as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before the infected individual exhibited symptoms (or for asymptomatic infected individuals, 2 days prior to positive test).

SCENARIO C: If you have a confirmed positive COVID-19 test result, (with or without COVID-19 symptoms):

- Please notify your instructor and complete a COVID Notification of Exposure Form, available through an administrator
- Per CDC guidelines and Virginia Department of Health (VDH), it is recommended that you self isolate
- You may not return to school until:
 - ✓ At least 10 days have passed since the date of your first positive COVID-19 test OR 2 consecutive, negative test results, that are at least 24 hours apart AND
 - As applicable, you will need to provide the school copies of your 2 negative test results
 - ✓ 24 hours with no fever without the use of fever-reducing medications AND
 - ✓ No other COVID symptoms

If you have a confirmed positive COVID-19 test result, we will notify those individuals with you have been in close contact with (as defined by CDC). Wherever possible, your identity will remain confidential.

For any required absence from school, you may be put on a leave of absence or email financialaid@chrysm.edu to determine if you're eligible to continue your education via distance online during your COVID absence. Please email financialaid@chrysm.edu to formally request and process your leave of absence. Your contract end date will be extended by the number of calendar days taken in the leave of absence. You will not be charged any penalties or additional fees. All program requirements must be met in order to graduate.

As with the transmission of any communicable illness like a cold or flu, you may be exposed to covid-19, also known as coronavirus, at any time or place. Be assured, we follow state and federal regulations and recommended disinfection protocols to limit the transmission of all diseases in our school. Following the school's strict guidelines will help prevent the spread of contagious viruses and to help protect each other. Although we have taken measures to provide social distancing between the client and student, due to the nature of the services we provide, it is not always possible to do so. Despite our careful attention to sterilization and disinfection, there is still a chance that you could be exposed to an illness in our school, just as you may be in other businesses.

Thank you again for your help as we continue to shape the future of Esthetics in a safe manner.

Acceptance of this policy via your signature is required

Print Name: _____

Signature: _____

Date: _____