

Esthetician Program Pre-Admissions Application Checklist

Dear Prospective Student,

Thank you for your interest in our Esthetician Program. To ensure a smooth application process, please make sure to complete all required forms and documents. Incomplete applications will not be accepted. Here is a checklist to guide you through the pre-admission application process:

1. Esthetician Pre-Admission Application:

- ☐ Complete the Esthetician Pre-Admission Application form.
- ☐ Ensure all fields are filled out accurately and completely.

2. Esthetician Program Interview Questions:

- ☐ Answer all interview questions thoughtfully and honestly.
- ☐ Provide detailed responses to help us understand your motivations and goals.

3. Esthetician Program Liability Release:

- ☐ Review the Esthetician Program Liability Release form.
- ☐ Sign and date the document as instructed.

4. Broadcast & Photo Release:

- ☐ Carefully read the Broadcast & Photo Release form.
- ☐ Sign and date the document, granting consent as indicated.

5. State-Issued ID:

- ☐ Include a clear copy of your state-issued ID (e.g., driver's license or passport).
- ☐ Ensure that the ID is current and legible.

6. Bacterial Meningitis Vaccination:

- ☐ Please note that the 82nd Texas Legislature approved Senate Bill 1107, which requires bacterial meningitis vaccinations only for students entering college who are 22 years of age or younger.
- ☐ If you are 22 years of age or younger, provide proof of your bacterial meningitis vaccination.
- ☐ You are exempt from this requirement if you are older than 22 years.

Please submit all required documents together in one package to the Admissions Office. Incomplete applications or missing documents will not be considered.

Once your application is complete, our Admissions Team will review it and contact you to schedule an interview if necessary. We appreciate your interest in our Esthetician Program and look forward to reviewing your application.

If you have any questions or need assistance, please feel free to contact our Admissions Team at CEEsthetics@collin.edu.

Sincerely,

CE Esthetics Admissions Team
4800 Preston Park Blvd.
Plano, TX 75093

Esthetician Pre-Admissions Application

Personal Information:

Full Name: _____

Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Program of Interest:

Please select your desired program and course options:

- ☐ 750-Clock-Hour Esthetician Program (**Select One**) ☐ Day, ☐ Evening, ☐ Weekend
- ☐ Advanced Esthetic Professional Development Courses (Specify): _____
- ☐ Other Introductory-Level Esthetics Courses (Specify): _____

Previous Education:

Highest Level of Education Completed: _____

List any relevant certifications or licenses (if applicable): _____

Work Experience (if applicable):

Please provide details of any relevant work experience in the esthetics or healthcare field:

Additional Information:

Do you currently hold an active esthetics license? ☐ Yes ☐ No

Do you hold an active medical provider or nursing license? ☐ Yes ☐ No

If you answered "Yes" to holding an active esthetics or medical license, please specify the type of license and any relevant details:

Please briefly describe your reasons for pursuing the Esthetician Program and any specific goals you hope to achieve:

How did you hear about our Esthetician Program and courses?

- ☐ Website
- ☐ Social Media
- ☐ Referral
- ☐ College Fair
- ☐ Other (Specify): _____

By submitting this Pre-Admissions Application, I understand that I am expressing my interest in the Esthetician Program and courses offered by Collin College. I also understand that completing this application does not guarantee admission into the program or courses.

Applicant's Signature: _____ **Date:** _____

Program Director/Coordinator Signature: _____

Email: _____ **Phone:** _____

Please submit this Pre-Admissions Application and any required documents to CEEesthetics@collin.edu. Please contact our admissions team if you have questions or need further information.

Esthetician Program Entrance Interview

Student Information:

Full Name: _____

Date of Birth: _____ Student ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Program Start Date: _____ Program End Date: _____

Please answer the following questions as part of your entrance interview:

1. Why are you interested in enrolling in the 750-Clock-Hour Esthetician Program?

2. What specific goals or aspirations do you have in esthetics?

3. Have you completed any prior education or training related to esthetics or a related field? If yes, please provide details.

4. What are your strengths and weaknesses when pursuing an esthetic career?

5. How do you plan to manage your time effectively to ensure regular attendance and successful program completion?

6. Are personal or external factors affecting your ability to attend classes regularly and meet program requirements? If yes, please explain.

7. Are you familiar with the program's code of conduct and policies? Do you have any questions or concerns regarding these policies?

8. Have you explored financial aid, scholarships, or payment options for covering the program's cost? If yes, please provide details.

9. Do you have any specific accommodations or support needs related to your education that you'd like the school to be aware of?

10. Is there anything else you would like to share or discuss during this entrance interview?

Student's Signature: _____ **Date:** _____

Director/Coordinator's Signature: _____ **Date:** _____
(For School Use Only)

Please retain a copy of this Entrance Interview Form for your records. Please contact us if you have any further questions or need additional information.

Esthetician Program Liability Release

I, _____, understand and acknowledge that as part of the required coursework in the Esthetics Program at Collin College, I will be participating in hands-on training of skincare treatments and procedures on fellow students under the guidance of industry-experienced licensed instructors. I am aware that these hands-on training sessions are an integral part of the learning experience and are essential for my education in esthetics.

I understand the following:

1. All treatments and procedures will be performed solely for educational purposes and conducted in a controlled and supervised environment.
2. Licensed instructors will provide guidance and oversight during all training sessions to ensure the safety and proper execution of skincare treatments and procedures.
3. Despite the precautions and supervision provided by the college and its instructors, there are inherent risks associated with skincare treatments and procedures, which may include, but are not limited to, skin irritation, allergic reactions, and other temporary or minor discomforts.
4. While every effort will be made to ensure the safety of all participants, accidents and unforeseen events can occur.

I hereby release Collin College, its faculty, staff, instructors, and agents from any liability for any injuries or bodily harm I may sustain while participating in hands-on training as part of the Esthetics Program. I understand that the college is not responsible for any injuries, illnesses, or adverse reactions that may result from the skincare treatments and procedures performed during training.

Additionally, I acknowledge that it is strongly recommended for me, as an esthetics student, to obtain liability insurance through a reputable insurance provider to protect myself against potential liability claims related to my future professional practice in the field of esthetics.

I have read and understood this Liability Release Form and voluntarily accept the risks of participating in hands-on training as part of the Esthetics Program. I understand the importance of following all safety guidelines and instructions provided by the college and its instructors.

Student's Full Name: _____

Student's Signature: _____ **Date:** _____

Director/Coordinator's Full Name: _____

Director/Coordinator's Signature: _____ **Date:** _____

(For College Use Only)

Please retain a copy of this Liability Release Form for your records. If you have any questions or concerns regarding this form, please contact the college administration.



Broadcast & Photo Release Form

Broadcast Taping/Photography Date:

Broadcast/Photography Location:

Event name:

Broadcast and Photography Release Agreement

The Undersigned enters into this Agreement with Collin County Community College (hereafter "Collin College"). I have been informed and understand Collin College is producing a program and/or photos and that my name, likeness, image, voice, appearance, and performance is being recorded and made a part of that production (hereafter "Product").

1. I grant Collin College and its designees the right to use my name, likeness, image, voice, appearance, and performance as embodied in the Product. This grant includes without limitation the right to edit, mix or duplicate and to use or re-use the Product in whole or part. Collin College or its designee shall have complete ownership of the Product in which I appear, including copyright interests, and I acknowledge that I have no interest or ownership in the Product or its copyright.
2. I also grant Collin College and its designees the right to broadcast, exhibit, publish, duplicate and otherwise distribute the Product, either in whole or in parts, and either alone or with other products, for the college website, the World Wide Web, print publications, cable or non-commercial television, closed-circuit exhibition, video distribution or any other purpose that Collin College or its designees in their sole discretion may determine. This grant includes the right to use the Product for promoting or publicizing any of the uses.
3. I confirm that I have the right to enter into this Agreement, that I am not restricted by any commitments to third parties, and the Collin College has no financial commitment or obligations to me as a result of this Agreement, I hereby give all clearances, copyright and otherwise, for the use of my name, likeness, image, voice, appearance and performance embodied in the Product. I expressly waive, release, and indemnify Collin College and its officers, employees, agents and designees from any and all claims, damages, liabilities, costs or expenses known and unknown arising out of or in any way connected with the above granted uses and representations. The rights granted Collin College herein are perpetual and worldwide.
4. In consideration of all the above, I hereby acknowledge that no fee is payable by Collin College for this appearance or resulting distribution, and that I have no further claim on Collin College or its designees associated with this production.

I have read the foregoing and understand its terms and stipulations and agree to all of them:

Name (please print)

Phone

Street Address

City/State

Zip

Signature / Guardian Signature

Date