

**Policy Acknowledgement for Clients**

**Spa & Esthetics Clinic**

****Hello and welcome to the Spa & Esthetics and Medical Esthetics Clinic at Georgian College!

**This document goes over information how to provide good and safe care for your treatments, and for students to have a good learning experience. Here are a few rules.**

**Please circle the thumbs up if you agree to the**

****

**information or circle thumbs down if you do not agree**

**and please initial down below.**

Time of treatment is 1 hour (60 minutes). After your scheduled appointment you would like another treatment and one is available you may book the next hour for the standard fee.

**Client Initials Here: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment is needed at the time of the appointment.

Any unpaid balances will be sent to the Manager of the Health & Wellness Clinics, client can be removed from clinic.

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**Client Initials Here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

-Clients who cancel with less than **24** hours’ notice.

-Who are 5-10 minutes late.

 -Who do not show up for appointments will have to wait till the **next** semester to be seen.

**1st** attendance is noted in the client file by the Customer Service Representative

- **2nd** attendance violations are noted, and client will be charged a **$15.00** **fee** for**:**

- **Missed** appointment **must pay the $15.00 before receiving care**.

****- If **3** “no shows”, short-notice cancellations or late arrivals are noted, the Manager of Health & Wellness Clinics will discharge the client in writing.

**By signing this document, I acknowledge that I have read and understood the aforementioned expectations and policies.**

**Printed Name of Client or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Client or Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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