



MASSAGE THERAPY INSTITUTE

Application for Admission and Enrollment Agreement

Please complete this form in full and return with application fee of \$75 to:

Massage Therapy Institute, P.O. Box 518, Davis, CA 95617

Please print clearly all information requested

APPLICATION FOR ADMISSION

Name: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Date of Birth: _____ Email _____

Home Phone # _____ Cell Phone # _____ Other Phone # _____

In Case of an Emergency, Notify _____ Phone # _____

EDUCATION: circle the last year attended in each.

High School 10 11 12 College 1 2 3 4 Graduate School 1 2 3 4

Graduated High School or GED Year Graduated _____

Name of School: _____ City, State _____

Highest Degree Attained _____ Vocational Education _____

HEALTH: Describe your state of health. Please list any disabilities or serious health problems.

Do you have any medical, physical, or psychological conditions which may inhibit your effectiveness in giving or receiving massage therapy, or any contagious condition or disease? If yes, please explain.

Are you taking any medications? Yes No Please list _____

OTHER:

Have you ever been convicted of a crime, not including traffic violations? If yes, please explain _____

What attracted you to doing your training here? _____

How did you learn about our program? _____

The Information on this form is complete and true to the best of my knowledge.

Signature _____ Date _____

Name (Print) _____

Name: _____

Please answer the following questions. Use extra paper if necessary.

What are your personal goals for this class?

Write an evaluation of a professional massage that you have received within the past six months. Describe what you liked and what you didn't like.

What do you feel are your strengths and weaknesses regarding qualities you consider important as a Massage Therapist?

Please describe your history of receiving massage/bodywork. If you have had any particularly noteworthy experiences, please describe them and their impact on you.

Is there anything you feel that we should know about your background or your needs; for example, physical challenges such as vision or hearing impairment?

Please Print Clearly

ENROLLMENT AGREEMENT

Student Name: _____ Phone No: _____

Address: _____

Email: _____

IF YOU HAVE ANY COMPLAINTS, QUESTIONS, OR PROBLEMS WHICH YOU CANNOT WORK OUT WITH THE SCHOOL, WRITE OR CALL THE BUREAU FOR PRIVATE POST-SECONDARY AND VOCATIONAL EDUCATION, 1625 NORTH MARKET ST., SACRAMENTO, CA 95834.

This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it, and that you have been given: (a) a written statement of the refund policy including examples of how it applied; and (b) a catalog including a description of the course or educational service including all material facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain for your records.

This agreement is for the Massage Therapy Program listed below

- | | |
|---|--|
| <input type="checkbox"/> Massage Therapist (100 Hr) | <input type="checkbox"/> Massage Therapist (500 Hr) |
| <input type="checkbox"/> Massage Therapist (250 Hr) | <input type="checkbox"/> Massage Therapist & Health Educator (720 Hr) |
| <input type="checkbox"/> Oncology Massage Therapist (300 Hr) | <input type="checkbox"/> Asian Bodywork Therapist (250 Hr) |
| <input type="checkbox"/> Medical Massage Therapist (200 Hr) | <input type="checkbox"/> Neuromuscular Therapist (120 Hr) |

100 Hour Program Start Date _____ **First class start date** _____

Choose payment method: ***“Massage Therapy Program”***

- I will pay class-by-class at the listed cost for each work-shop. The total cost for the program will vary depending on choice of classes.
- I will make payments for: 100-Hour 250-Hour 500-Hour 720-Hour (by arrangement with the director)
- I will pay in full for this program on or before the first day of class. The total amount you are obligated to pay for the course is:

<input type="checkbox"/> 100 Hour MT Program	Reg. Fee \$75	Tuition \$950	Total Cost \$1,025
<input type="checkbox"/> 250 Hour MT Program	Reg. Fee \$75	Tuition \$2,325	Total Cost \$2,400
<input type="checkbox"/> 500 Hour MT Program	Reg. Fee \$75	Tuition \$4,515	Total Cost \$4,590
<input type="checkbox"/> 720 Hour MT & Health Educator	Reg. Fee \$75	Tuition \$6,513	Total Cost \$6,588
<input type="checkbox"/> Oncology Massage Therapist	Reg. Fee \$75	Tuition \$4,285	Total Cost \$4,360
<input type="checkbox"/> Asian Bodywork Therapist	Reg. Fee \$75	Tuition \$2,325	Total Cost \$2,400
<input type="checkbox"/> Medical Massage Therapist	Reg. Fee \$75	Tuition \$2,675	Total Cost \$2,750
<input type="checkbox"/> Neuromuscular Therapist	Reg. Fee \$75	Tuition \$1,505	Total Cost \$1,580

Program costs do not include STRF payment which is \$2.50 per \$1000 of program fees paid or \$2.50 per class fee. Your refund will be calculated as if you had paid class by class at the full price for each class.

Name: _____

BUYERS RIGHT TO CANCEL (CANCELLATION, TERMINATION, REFUND POLICIES)

The student has the right to cancel the enrollment agreement on or before the first day of instruction and receive a full refund minus the \$75 registration fee. After the first day, refunds are pro-rata the registration fee for up to 60% of the education hours received beyond which there is no refund on the unused portion of tuition. Cancellation of enrolment must be made either in person (delivered to office staff in writing) or by certified mail. The student must receive written confirmation if notice is hand delivered. Cancellations cannot be made retroactive to a date prior to delivery of notice in writing. Attendance time is the time between the scheduled starting date of the first class and the date on which the student formally cancels his/her enrollment in writing whether or not the student attends class. Cancellation cannot be made by telephone. A refund will be made of the unused portion of tuition within 30 days following the student's formal withdrawal date. The Institute reserves the right to have any student terminate his/her enrollment if, in the sole discretion of the Director, continued enrollment would not be in the best interest of the Institute or the student. Such a right of termination shall be exercised in writing by the Institute and either delivered personally to the student or mailed to his/her local address set forth above. **Please note: we do not offer job placement.**

STUDENT TUITION RECOVERY FUND (STRF)

The State of California created the STRF to relieve or mitigate economic losses suffered by California residents who were students attending schools approved by, or registered to offer Short-term Career Training with the Bureau for Private Postsecondary and Vocational Education (Bureau). You may be eligible for STRF if you are a California resident, prepaid tuition, paid the STRF fee, and suffered an economic loss as a result of any of the following: The school closed before the course of instruction was completed; The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school; The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs; The school's breach or anticipatory breach of the agreement for the course of instruction; There was a decline in the quality of the course of instruction within 30 days before the school closed, or if the decline began earlier than 30 days prior to closure, a time period of decline determined by the Bureau; The school committed fraud during the recruitment or enrollment or program participation of the student. You may also be eligible for STRF if you were a student that was unable to collect a court judgment rendered against the school for violation of the Private Postsecondary and Vocational Education Reform Act of 1989.

The Massage Therapy Institute pays your state-imposed fee for the STRF if all of the following applies to you: You are a student, who is a California resident and prepays all or part of your tuition either by cash, guaranteed student loans, or personal loans, and your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party. You are not eligible for protection from the STRF and MTI is not required to pay the STRF fee if either of the following applies: You are not a California resident; Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party. The STRF assessment rate is \$2.50 per \$1000 of tuition paid.

DISCLOSURE OF POTENTIAL ADVERSE SIDE EFFECTS AND RELEASE

Please be informed that in certain limited circumstances, massage therapy can possibly have adverse side effects for persons with certain physical or mental conditions. The personnel at Massage Therapy Institute cannot determine whether you are susceptible to possible adverse side effects. Consequently, if you have been or currently are under the care of a doctor, therapist, or medical practitioner of any kind, or if you are concerned that your participation in any class or massage activity may possibly result in an adverse side effect, it is your responsibility to contact your doctor, therapist, or medical practitioner and obtain their prior permission to participate in any class offered at the Massage Therapy Institute. Your enrollment in any Massage Therapy Institute class constitutes your voluntary acceptance of any possible side effects and your full release of the Massage Therapy Institute and its personnel from any liability relating thereto. Your signature indicates that you have read and understand this disclosure and that you agree to all conditions, including the release of liability, set forth herein.

My signature below certifies that I have read, understand, and agree to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Signature of Student: _____ Date _____

I certify that the Massage Therapy Institute has met the disclosure requirements of Education Code 94810 of the Private Postsecondary and Vocational Reform Act of 1998.

This agreement is accepted by _____
Julie Reynolds, Director

Please mail this Application for Admission and Enrollment Agreement along with your check for \$75, to reserve your place in class to:

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