

ENROLLMENT AGREEMENT 550 Hour Silver Massage Therapist Program

Student Name	Social Security No.	Date of Birth	Phone #	Cell Phone #
Street Address	City	State	Zip	
E-mail Address	Referred by			

Total number of clock hours to be completed: 550

Start Date: _____ Training must be completed by: _____ (One year from Start Date)

FEES, CHARGES & EXPENSES: \$4000.00 (if paid in full) or \$4300.00:

Registration	\$100.00	Non-Refundable Registration fee for Program.
Tuition	Paid in Full: \$4000.00	Prorated upon course withdrawal. Refer to refund provisions on page 2
	Payment Plan: \$4300.00	Prorated upon course withdrawal. Refer to refund provisions on page 2
STRF Assessment:	\$0.00	Student is assessed \$0.50 per thousand dollars of institutional charges (except third party paid tuition) for STRF. (this fee is non-refundable).

Optional Material Fee: \$10.00 per class Business Practices, Ethics and all elective classes have an optional material fee.

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE:	\$ _____
ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM:	\$ _____
TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT:	\$ _____
CHARGES DUE ON OR BEFORE THE FIRST DAY _____ OF CLASS:	\$ _____

YOU ARE RESPONSIBLE FOR THE FULL AGREED UPON TUITION AMOUNT. If you obtain a loan to pay for an educational program, you will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund. If you are eligible for a loan guaranteed by the federal or state government and you default on the loan, both of the following may occur: (1) The federal or state government or a loan guarantee agency may take action against you, including applying any income tax refund to which you are entitled to reduce the balance owed on the loan. (2) You may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

The enrollment agreement is legally binding when signed by the student and accepted by the institution.

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Student Signature

Date

School representative's signature and title

Date

REFUND PROVISIONS

STUDENT'S RIGHT TO CANCEL: You have the right to cancel this agreement for a course of instruction including any equipment such as books, materials and supplies or any other goods related to the instruction offered in this Agreement, through attendance at the first class session (date: _____), or the seventh day after enrollment (date: _____), whichever is later for a refund of the "tuition" amount. Cancellation shall occur when you give written notice of cancellation at the address of the School shown on the top of the first page of the Enrollment Agreement. You can do this by mail, hand delivery or fax. The written notice of cancellation, if sent by mail, is effective when deposited in the mail properly addressed with **postage prepaid**.

If you cancel this Agreement, the School will refund any money that you paid, less any deduction for equipment not timely returned in good condition, within thirty days after your Notice of Cancellation is received.

The institutional refund policy for students who have completed 60 percent or less of the course of instruction shall be a pro rata refund.

WITHDRAWAL FROM COURSE: You have the right to withdraw from a course of instruction at any time. The institutional refund policy for students who have completed 60 percent or less of the course of instruction shall be a pro rata refund. If you withdraw from the course of instruction after the period allowed for cancellation of the Agreement, which is until midnight of the first business day following the first class you attended, the School will remit a refund less a registration fee, if applicable not to exceed \$98.00 within thirty days following your withdrawal. You are obligated to pay only for educational services rendered and for unreturned equipment. The refund shall be the amount you paid for instruction multiplied by fraction, the numerator of which is the number of hours of instruction which you have not received but for which you have paid, and the denominator of which is the total number of hours of instruction for which you paid.

IF THE AMOUNT YOU HAVE PAID IS MORE THAN THE AMOUNT YOU OWE FOR THE TIME YOU ATTENDED, THEN A REFUND WILL BE MADE WITHIN THIRTY DAYS OF WITHDRAWAL. IF THE AMOUNT THAT YOU OWE IS MORE THAN THE AMOUNT THAT YOU HAVE PAID, THEN YOU WILL HAVE TO MAKE ARRANGEMENTS TO PAY FOR IT.

Students whose tuition and fees are paid by a third party organization (federal financial aid, etc.) are entitled to a refund of moneys not paid by the third party organization (i.e federal financial aid, etc.).

HYPOTHETICAL EXAMPLE:

Assume that a student, upon enrollment in a 300 hour course, pays \$2300 for tuition, including a \$100 registration fee, and withdrawals after completing 50 hours. The refund to the student would be \$1833.33 based on the calculation below.

- 1) \$2300 paid - \$100 registration fee = \$2200 for instruction
- 2) \$2200 for instruction / 300 hr = \$7.3333 for instruction / hr
- 3) 50 hr x \$7.3333 for instruction / hr = \$366.67 for instruction
- 4) \$366.67 for instruction + \$100.00 registration fee = \$466.67 retained by the school
- 5) The refund amount is \$2300 - \$466.67 = \$1833.33

STUDENT TUITION RECOVERY FUND (STRF)

The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California residents, or are enrolled in a residency programs attending certain schools regulated by the Bureau for Private Postsecondary Education. You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The school closed before the course of instruction was completed.
2. 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.
3. 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.
4. There was a material failure to comply with the Act or this Division within 30 days before the school closed or, if the material failure began earlier than 30 days prior to closure, the period determined by the Bureau.
5. An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act.

However, no claim can be paid to any student without a social security number or a taxpayer identification number.

You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

1. You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition either by cash, guaranteed student loans, or personal loans, and
2. 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 you are not required to pay the STRF assessment, if either of the following applies:

1. You are not a California resident, or are not enrolled in a residency program, or
2. 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.

Questions regarding the STRF may be directed to:

**State of California Department of Consumers Affairs
Bureau for Private and Postsecondary Education**

2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833 Phone (888) 370-7589 Fax (916) 263-1897

NOTICE: Any holder of this consumer credit contract is subject to all claims and defenses that the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof, recovery hereunder by Massage Center shall not exceed amounts paid by the debtor hereunder.

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

Student Signature

Date

School representative's signature and title

Date

PAYMENT PLAN SCHEDULE OF PAYMENTS:

Total amount due: \$4300.00 You will pay \$430.00 to reserve your spot in the class and make 10 monthly payments of \$430.00. The payment schedule for the 10 monthly payments is as follows:

1st Payment Due 2nd Payment Due 3rd Payment Due 4th Payment Due 5th Payment Due

6th Payment Due 7th Payment Due 8th Payment Due 9th Payment Due

If payments are late, a \$25 late fee will be charged each month. The deadline to turn in all make-up work, complete all required elements is one year from the date of your first class. _____ **Student Initials**

STUDENTS ON PAYMENT PLANS: By signing below I hereby allow Massage Center to charge my additional payments to this credit card on the date my payments are due: (the _____ day of each month due)

Student Signature _____ Date _____

Credit Card# _____ Amount \$ _____ Exp. Date _____ CVC Code _____

**Instruction will be provided at:
Massage Center
171 E. Thousand Oaks Blvd, suite 205
Thousand Oaks, CA 91360**

A twin sheet set including a flat and fitted sheet, a pillow case, and a bath towel needs to be brought to the first day of class

I understand the hourly breakdown of the 550 Hour Program is as follows: 164 hours of Basic Massage Instruction (the initial 11 week of class), 16 hour mandatory Ethics class, 16 hour mandatory Business class and 4 hour Medical Terminology, 189-195 hours of Advanced Elective classes (which I choose), 40 hours of Career Experience* and 119-125 hours will be done as Practical Experience* at the student center.

*Career Experience hours and Practical Experience hours are not compensated however hours are figured into hours completed for the program when/if student withdraws from the program and a prorated refund is due.

_____ **Student Initials**

Student Initials:_____ You must average 6 hours a week of Clinical studies after the initial basic course of instruction (9 1/2 weeks) is completed.

Student Initials:_____ You must give 48 hour notice to cancel any Clinical study hours or if you are unable to attend a scheduled weekend workshop. Repeated unapproved absences may result in the termination of your student status.

Student Initials: _____ All instruction is taught in English and all materials are provided in English ONLY. Students must be able to read, write and understand English without the aid of an interpreter.

Describe briefly why you want to become a Massage Therapist:

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

Student Initials _____ Date _____

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

Student Initials _____ Date _____

**"NOTICE CONCERNING TRANSFERABILITY OF CREDITS
AND CREDENTIALS EARNED AT OUR INSTITUTION"**

"The transferability of credits you earn at the Massage Center is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in our 500 hour Massage Therapist course is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution is not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending the Massage Center to determine if your certificate will transfer."

California passed a law that will provide for Certification of Massage Practitioner (250 hours) and Massage Therapists (500 hours) by the California Massage Therapy Council. If you do get a CAMTC certificate, you will not need a local permit as well, however, you do have to follow all other local general business requirements. Each city and county in California may or may not have ordinances which regulate massage therapy. Our school's 300 hour program may not comply with some city's or county's ordinance with respect to the minimum hours of course study, including the city of Thousand Oaks. YOU are responsible for determining the requirements in the city or county that you intend to perform massage for consideration.

As of May 9, 2013, CAMTC will not accept online or distance learning hours for the first 250 hours of education, unless the school has been approved for distance learning by an agency recognized by the U.S. Department of Education. After 250 hours of education, CAMTC may accept distance learning or online hours if the school has been approved to teach distance learning by one of the agencies listed in the CA Business and Professions Code section 4600 (A) or is an NCBTMB approved provider for distance learning.

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2535 Capital Oaks Dr., Ste. 400, Sacramento, CA 95833, www.bppe.ca.gov, toll-free telephone # (888) 370-7589 or by fax (916) 263-1897

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll-free or by completing a complaint form, which can be obtained on the bureau's internet website www.bppe.ca.gov.

"Attendance and/or graduation from a California Massage Therapy Council approved school does not guarantee certification by the CAMTC. Applicants for certification shall meet all requirements as listed in California Business and Professions Code sections 4600 et. seq."

"A student or any member of the public with questions that have not been satisfactorily answered by the school or who would like to file a complaint about this school may contact the California Massage Therapy Council at: One Capitol Mall, Suite 320, Sacramento, CA 95814, www.camtc.org, phone (916) 669-5337

It is important that you keep copies of the enrollment agreement, financial aid papers, receipts or any other information that documents the monies paid to the school.