

# Hands on Healing Institute Enrollment Agreement

Course Name: CMT250 (250 hours Certified Massage Therapy Course)

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Address: \_\_\_\_\_ End Date: \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ DAY / EVE: \_\_\_\_\_

The objective of this course is to train and educate the student to become a Massage Therapist. By successfully completing this course, this educational service is represented to lead to certification of the title of Massage Therapist. Licensing of massage therapists in California occurs at the individual city and county level, and varies somewhat from city to city and county to county. Many of our local cities still require a minimum of 100 to 150 clock hours of massage training from a state-approved learning institution, such as *Hands on Healing Institute*, in order to qualify and certify potential licensees. Tujunga, California falls into Los Angeles City and requires 300 hours for licensing. Students that wish to become licensed in Tujunga or other areas that require more than 150 hours may accumulate required hours by taking continuing education courses. Students are responsible for determining and meeting particular area requirements. All state-approved massage schools offer certification for the state of California. Certification is not to be confused with licensing. Most cities and counties in California require a valid massage certificate prior to issuing a license to practice. There is now a voluntary State Certification issued by the Massage Therapy Organization starting Sept. 2009.

Any questions or problems concerning this school which have not been satisfactorily answered or resolved by the school should be directed to the BUREAU FOR PRIVATE POSTSECONDARY AND VOCATIONAL EDUCATION, 1625 N. Market Street, S-202, Sacramento, CA 95834—1924; Mailing address: P.O. Box 980818, West Sacramento, CA 95698-0818 (916) 574-7720

**BUYER'S RIGHT TO CANCEL:** The student has the right to cancel the enrollment agreement for this course of instruction until **midnight of the fifth business day** after the day on which the student ATTENDED THE FIRST CLASS of the course of instruction. Cancellation shall occur when the student gives written Notice of Cancellation Form to the school at the address specified in this agreement. If the student cancels the agreement, the student shall have no liability except the return of the HHI Course Book and Intro to Massage Therapy in pristine condition. If the student fails to return the books within a (10) ten day period, he/she will accrue charges that will be deducted from the refund. The school shall refund any consideration paid by the student within (30) thirty days after the school receives notice of cancellation. The student has the right to withdraw from a course of instruction at any time. If the student withdraws from a course of instruction after midnight of the fifth business day after the day on which the student attended the first class, the school will remit a refund; as per the following refund formula. The amount of the refund has to be calculated on a pro-rata basis, less a \$75.00 non-refundable registration fee and any books supplied by the school that were not returned within (10) ten days.

The refund formula is as follows: total paid *minus* registration fee *multiplied by* hours of instruction received *minus* unreturned equipment *equals* total refund.

**CANCELLATION:** A Notice of Cancellation Form should be delivered to Camille Sandroni, Director, Hands on Healing Institute, 6708 Foothill Boulevard, Tujunga, CA 91042 Phone (818) 951-5811

*Non-California Residents, recipients of third-party pay for tuition and course costs, such as workforce investment voucher or rehabilitation funding: You are not eligible for protection under or recovery from the Student Tuition Recovery Fund.*

# Hands on Healing Institute Enrollment Agreement

Hands on Healing Institute, 6708 Foothill Boulevard, Tujunga, CA 91042, (818) 951-5811  
website: [www.gotohhi.org](http://www.gotohhi.org) email: [massageschool@gotohhi.org](mailto:massageschool@gotohhi.org) 1/13/09

**TOTAL FEE: \$2,860.00 + Books\* (see Note below)**

**NON-REFUNDABLE:** Registration Fee \$75.00 & HHI Course Manual

**REFUNDABLE: Student Pack \$170.00:** Student pack must be purchased as part of enrollment. Total includes: Textbook: Intro to Massage Therapy \$67.06 (if returned in pristine condition); Hold all Holster \$20.30; ½ gallon Biotone Dual Purpose Cream \$40.00; set of flannel sheets \$28.29 and HHI Bag \$10.83. These items can only be refunded if not opened or used within 10 days of School receiving written cancellation or drop date.

**REFUNDABLE:** Tuition Fee \$2,615.00 on a pro-rated basis – see Withdrawal/refund policy)

**\*NOTE:** Students will need to purchase the following books for the last 7 weeks of CMT250 program:

Trail Guide to the Body, 3<sup>rd</sup> Edition \$57.32 incl. tax ISBN# 978-0-9658534-5-3

Trail Guide to the Body Student Handbook \$21.60 incl. tax ISBN# 978-0-9658534-6-0

Combo of both books together sell for \$75.68

**You are responsible for this amount. If you obtain a student loan, you are responsible for repaying the loan amount plus any interest.**

Hands on Healing Institute covers cost of Student Tuition Recovery Fee. Massage tables are provided during training sessions for use in classroom only. \$75 Registration fee holds your space in class.

**PAYMENT PLAN**

**The following is an optional interest-free payment plan should a student need to pay the tuition in installments:**

	<b><u>PAYMENT SCHEDULE</u></b>	
<b>REGISTRATION</b>	RESERVES YOUR PLACE	\$ 75.00
<b>1<sup>st</sup> PAYMENT</b>	DUE TWO WEEKS PRIOR TO START DATE	\$ 525.00
<b>2<sup>nd</sup> PAYMENT</b>	3 <sup>rd</sup> MONDAY OF CLASS	\$ 580.00
<b>3<sup>rd</sup> PAYMENT</b>	6 <sup>TH</sup> MONDAY OF CLASS	<u>\$ 580.00</u>
<b>4<sup>th</sup> PAYMENT</b>	9 <sup>TH</sup> MONDAY OF CLASS	\$ 275.00
<b>5<sup>th</sup> PAYMENT</b>	11 <sup>th</sup> MONDAY OF CLASS	\$ 275.00
<b>6<sup>th</sup> PAYMENT</b>	13 <sup>th</sup> MONDAY OF CLASS	\$ 275.00
<b>7<sup>th</sup> PAYMENT</b>	15 <sup>th</sup> MONDAY OF CLASS	<u>\$ 275.00</u>
<b>TOTAL</b>		<b>\$ 2,860.00</b>

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 THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER. (CCR 94838)

**TUITION DEFAULT**

**Students defaulting on scheduled tuition payments risk immediate dismissal** at the discretion of the school director. A certificate of completion will be issued only after students have fulfilled their academic and financial obligations to *Hands on Healing Institute*. **Late Fees: Payment Plan - A \$25.00 late fee will be charged for Non Payment of tuition over 7 days late. The student will need to speak with the Office in order to continue attending classes for Non Payment of tuition beyond 7 days late.**

**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. I understand that this contract is a legally binding instrument when signed by the student and accepted by the school.**

**Student Signature: \_\_\_\_\_**

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

**Registrar Signature: \_\_\_\_\_**

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

**PRINT NAME AS YOU WISH TO SEE IT ON YOUR CERTIFICATE:**

\_\_\_\_\_

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# Hands on Healing Institute Confidential Application for CMT250 Admission

Name: \_\_\_\_\_ Sex: M F  
First Middle Last

Home Address: \_\_\_\_\_  
City State ZIP

Phone #: Hm \_\_\_\_\_ Wk \_\_\_\_\_ Cl \_\_\_\_\_ Pg \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Current Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ U.S. Citizen: Yes No

Driver's License #: \_\_\_\_\_ Car License Plate #: \_\_\_\_\_

How did you hear about us? Alumni: (name) \_\_\_\_\_ Friend Flyer

Yellow pages: \_\_\_\_\_ Internet source: \_\_\_\_\_ Other: \_\_\_\_\_  
(Specify) (Specify)

## EMERGENCY CONTACT:

Name of nearest person to contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Please list two personal references that are not related to you:

Name, Address, Telephone: \_\_\_\_\_

Name, Address, Telephone: \_\_\_\_\_

Have you ever been convicted of a felony? No Yes - Please explain: \_\_\_\_\_

## EDUCATION:

Please list any high schools, colleges, universities, business or trade schools that you have attended:

Name & Address Dates Attended Degree & Major

## HEALTH HISTORY:

Are you presently or have you in the past year been under the care of a doctor, holistic or otherwise? Yes No

Have you ever had psychiatric care? Yes No If yes, please elaborate: \_\_\_\_\_

*FEMALE APPLICANTS ONLY:* Are you pregnant? Yes No Maybe

Are you currently on any medications? Please list. \_\_\_\_\_

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# Hands on Healing Institute Confidential Application for Admission

Please list any major surgeries, illnesses, injuries, concussions, accidents, etc.:

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Please mark each item that applies with a "P" for past condition or a "C" for current condition. If you have a condition that is not listed below, please mark "Other" and specify in the space provided.

**Cardiovascular:**

- Arteriosclerosis
- Heart attack
- Hypertension
- Murmurs
- Stroke
- Other: \_\_\_\_\_

**Gastrointestinal:**

- Constipation
- Diarrhea
- Gastritis
- Hepatitis
- Hernia
- Other: \_\_\_\_\_

**Respiratory:**

- Asthma
- Bronchitis
- Emphysema
- Pneumonia
- Tuberculosis
- Other: \_\_\_\_\_

**Musculoskeletal:**

- Arthritis
- Fascia disease
- Joint disease
- Tendonitis
- Varicose veins
- Other: \_\_\_\_\_

**Head, Eyes, Nose, Throat:**

- Cataracts
- Dizziness
- Impaired hearing
- Loss of consciousness
- Nosebleeds
- Other: \_\_\_\_\_

**Endocrine:**

- Anemia
- Cancer (Which part of the body? \_\_\_\_\_)
- Diabetes
- Epstein-Barr Syndrome
- Any communicable disease? (Specify: \_\_\_\_\_)
- Other: \_\_\_\_\_

**Skin:**

- Athlete's foot
- Hives
- Psoriasis
- Other: \_\_\_\_\_

**Urogenital:**

- Herpes
- Candidiasis
- Gonorrhea
- Kidney Stones
- Other: \_\_\_\_\_

Other: \_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

**Signature:** \_\_\_\_\_

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

**SCHOOL USE ONLY:**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

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*Paid In full* Date \_\_\_\_\_ *Registration fee \$75* *Tuition Fee \$2860 \* Paid: Cash CC or Ck#* \_\_\_\_\_

<i>Registration fee \$75</i>	Date _____	Cash, CC or Ck#: _____	Remaining Balance \$ _____
<i>1<sup>st</sup> pmt \$525</i>	Date _____	Cash, CC or Ck#: _____	Remaining Balance \$ _____
<i>2<sup>nd</sup> pmt \$580</i>	Date _____	Cash, CC or Ck#: _____	Remaining Balance \$ _____
<i>3<sup>rd</sup> pmt \$580</i>	Date _____	Cash, CC or Ck#: _____	Remaining Balance \$ _____
<i>4<sup>th</sup> pmt \$275</i>	Date _____	Cash, CC or Ck #: _____	Remaining Balance \$ _____
<i>5<sup>th</sup> pmt \$275</i>	Date _____	Cash, CC or Ck #: _____	Remaining Balance \$ _____
<i>6<sup>th</sup> pmt \$275</i>	Date _____	Cash, CC or Ck #: _____	Remaining Balance \$ _____
<i>7<sup>th</sup> pmt \$275</i>	Date _____	Cash, CC or Ck #: _____	Remaining Balance \$ _____

*Payment made on Installments on Tuition Fee \$2860.00 should be input into ACT database.*

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