



Application / Enrollment Agreement Form for Certificate of Excellence or Mastery Level Program

Please print:

Form fields for personal information: (Last Name), (Middle Initial), (First Name), (Social Security No.), (Street Address), (City), (State), (Zip), (Date of Birth), (Cell Phone), (Home Phone), (Work Phone), (personal E-Mail), (Current Occupation)

I am a Body Wisdom Graduate. I graduated in the year ... under the name: ... (In Case of Name Change)

Emergency / Contact Information

In case of an emergency Body Wisdom Inc. may contact the following persons to inform them of my condition and/or request that they make decisions on my behalf. These persons shall also provide my contact information to the school, in case I cannot be reached.

Form fields for emergency contact information: (Full Name of Emergency Contact Person 1), (Cell Phone), (Home Phone), (Work Phone), (Relation), (Full Name of Emergency Contact Person 2), (Cell Phone), (Home Phone), (Work Phone), (Relation)

Release of Information

I agree that Body Wisdom Inc. may release or request information related to my person, my student account and/or academic details to and from the following person/s:

Form fields for release of information: (Name of Emergency Contact Person 1), (Relation), (Cell Phone), (Home Phone), (E-mail), (Full Name of Emergency Contact Person 2), (Relation), (Cell Phone), (Home Phone), (E-mail)

This agreement is a legally binding document when signed by the student and accepted by the school. By signing this agreement you acknowledge that you have been given sufficient time to read and discern all parts of this document.

Terms - All school policies apply. Tuitions and costs for individual courses are billed upon receipt of application and fee and due as indicated on such invoices, generally 14 days prior to a course start date.

Refund Policy - A student, who submits a Certificate of Excellence application, has the right to withdraw within 24 hours at no charge. With any later withdrawal of 14 or more days prior to the first class, the school will not refund the registration fee, but does not charge for tuitions and costs.

Refund for Veteran Benefit Program Participants - A student who receives Veteran's benefits must provide written notice of cancellation to receive a refund. Refunds for all courses starting after the receipt of cancellation will be calculated on a pro-rata percentage based on the in-class hours of the program, minus 10% of the total amount.

Refund in Case of Military Deployment - Per IA Code §261.9(g)1, If a student is a member, or the spouse of a member if the member has a dependent child, of the Iowa national guard or reserve forces of the United States and who is ordered to national guard duty or federal active duty: A) Withdraw from the student's entire registration and receive a full refund of tuition and mandatory fees.

Interest Charges - Delinquency - Collections - Payments that are 30 days delinquent will result in the cancellation of any payment terms AND the student's entire balance becomes due immediately. Moreover, Body Wisdom School will charge the delinquent student's account a monthly interest charge of 1.5% or \$25, whichever is greater.

My initials confirm that I agree with all details on this first page of the four-page document:.....

**I. Custom Program Selection & Cost Calculation for a Certificate of Excellence Program**

**General Certificate of Excellence Programs** consist of at least 200 hours at a ratio of approx. 92% course hours and 8% student excellence clinic hours (example ratio: 184/16 = 200).

**Excellence Mastery Level 1 or 2 Programs** consist of at least 500 hours each at a ratio of approx. 89.6% course hours and 10.4% student excellence clinic hours (example ratio: 448/52 + 500).

Core Program Courses taken prior with a Massage Certification (listed in grey) do not qualify toward the minimum hours. A school advisor will be glad to assist with details.

Course Title	Select by Entering Course Hours	Select by Entering Use & Material Fees	Start of Course (Ex. 'Dec. '18)	Non-Refundable Registration Fee \$3 x Hours (max. \$45/Course)
Orthopedic (also Clinical Sports) Massage	(96)	(\$ 219)		
Traditional Thai Massage on the Mat	(96)	(\$ 319)*		
Business, Marketing & Chair Massage	(56)	(\$ 250)		
Sciences: Anatomy 48-\$150 - Kinesiology 52-\$150 Physiology 56-\$190 – Pathology 44-\$180	(44-56)	(\$ 150-180)*		
Therapeutic Massage Level 1	(48)	(\$ 160)		
Therapeutic Massage Level 2	(48)	(\$ 120)		
Therapeutic Massage Level 3	(48)	(\$ 120)		
Deep Tissue Massage	(48)	(\$ 119)		
Myofascial Therapy	(48)	(\$ 129)		
Positional Release Technique	(48)	(\$ 129)		
Hot & Cold Stone Therapy	(48)	(\$ 694)*		
Acupressure	(48)	(\$ 134)		
Foot Reflexology	(48)	(\$ 119)		
Lymphatic Drainage Massage	(48)	(\$ 134)		
Clinical Aromatherapy & Massage	(48)	(\$ 194)		
Maternity & Infant Massage	(48)	(\$ 134)		
Barefoot Bars Deep Tissue	(32)	(\$ 134)		
Neuromuscular Massage	(24)	(\$ 129)		
SansHands Flow™	(24)	(\$ 109)		
Bamboo Massage	(24)	(\$ 374)		
Clinical Hydrotherapy	(24)	(\$ 174)		
Thai Massage on the Table	(24)	(\$ 124)		
Hot Stone LomiLomi	(24)	(\$ 294)*		
European Spa Specialties	(24)	(\$ 234)		
Thai Foot Massage	(24)	(\$ 129)		
Geriatric (Elderly) Massage	(24)	(\$ 134)		
Craniosacral Therapy	(24)	(\$ 124)		
Fusion 16 – “Best of BWS” Collection	(16)	(\$ 89)		
Rock to Relax: Pulsing	(16)	(\$ 89)		
Rock to Relax: Rebalancing	(16)	(\$ 89)		
Thai Herbal Spa	(16)	(\$ 119)		
Premier Spa – Indonesia	(16)	(\$ 119)		
Sea Shell Massage	(16)	(\$ 234)*		
Ayurvedic Shirodhara	(16)	(\$ 89)		
Hot Stone Reflexology	(16)	(\$ 264)*		
Sound Infused Massage Therapies	(16)	(\$ 119)		
Oncology & Hospice Massage	(16)	(\$ 109)		
Himalayan Salt Stone Massage	(8)	(\$ 109)		
Your Crown & Glory: Head Massage	(8)	(\$ 64)		
Dreamy Face Sequence	(8)	(\$ 64)		
Crazy Good Neck Work – Version 1	(8)	(\$ 64)		
Crazy Good Neck-Work – Version 2	(8)	(\$ 64)		
Ease the Load: Shoulder Work	(8)	(\$ 64)		
Embracing Life: Arms & Hands	(8)	(\$ 64)		
Soothing Belly Work: Abdominal Sequence	(8)	(\$ 64)		
I've Got your Back: Special Back Techniques	(8)	(\$ 64)		
Move Freely: Pelvis & Hips	(8)	(\$ 64)		
Stand your Ground: Legs & Feet	(8)	(\$ 64)		
Relax: Ear & Hand Reflexology	(8)	(\$ 64)		
Intuitive Hands-On Energy Work	(8)	(\$ 64)		
Wherever-You-Go - Chair Massage	(8)	(\$ 64)		
Ethics & Law	(6)	(\$ 24)		
Chair Massage – Event (Add-On)	(4)	(\$ 19)		
	Sub Total Hours:			App Fees: \$
Student Clinic: approx. 8 to 10.4% of Total Prog. Hrs =	+ Clinic Hours:	Hrs x 14.9		(Non-refundable max. App Fee \$175)
	Total Program Hours:			
Calculate Total Program Hours x \$18.60 for Tuition	= \$	+ Total of Fees: = \$	= \$	

**= Calculate Total Tuition & Use/Material Fees of \$ ..... – 20% Program Discount = \$ .....** \* Amount can be pro-rated in case student already owns materials.

**II.: Payment:**

**A. Payment Terms:**

The total of non-refundable application fees for all selected courses, as calculated on pg. 2 of this document, is due at the time of application and will reserve a space for the student within the program. A payment of 25% of total program costs (tuitions, use & material fees) is due upon receipt of the school's invoice and confirmation package. All remaining balances are due at least 30 days prior to start date of the first course. Body Wisdom School withholds the right to terminate this Enrollment Agreement at any time in case of delinquencies or non-compliance of the student with school policies. No official documents or certification papers are issued until all balances are paid in full.

**B. Payment Options – Please select:**

**1. Payment in Full** (Body Wisdom accepts Checks, Money Orders, Cash, Visa/Master/Discover):

I include the non-refundable Registration Fee of \$..... (enter amount from pg. 2) with this completed Enrollment Agreement form; and I agree to pay all due amounts on time, as described above (see par. II.A.). I know that the school will only hold the space for me in the individual courses as scheduled (see pg. 2), once the down payment of 25% of the total of tuitions, fees, manuals/texts has been posted to the school's account.

Checkmark above and sign here for payment option B.1.: .....

**OR:**

**2. Financing**

a) The total of non-refundable Registration Fee for all selected courses, as calculated on pg. 2 of this document, must be included with this completed Enrollment Agreement Form (also see pg. 4).

As Body Wisdom School specializes in customized education, foregoing Financial Aid, the school offers custom in-house payment plans. Applicants may schedule a private consultation for this purpose with:

Student Counselor, G Kelley \* 515-727-4890 \* G.Kelley@bodywisdomschool.com

b) Applicant's Payment Plan Proposal: I propose to pay the total program costs as follows (use additional paper if needed):

- 1<sup>st</sup> Payment Payment of \$..... on ..... (enter date); by Check, Cash, Debit, Credit Card (circle one).
- Regular weekly, bi-weekly, monthly payments (circle one) in the amount of \$..... per each ..... (enter date);  
by Check, Cash, Debit, Credit Card (circle one).

Notes:.....  
.....

Please use my Debit/Credit Card for automatic payments #: ..... Exp.Date: ..... CVC: .....

Payment card billing address: .....  
(if different than page 1)

Checkmark above and sign here for payment option II.B.2.: .....

**III: Personal Information** (use additional paper if needed)

How did you hear about the school? .....

Is your current health: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Satisfactory \_\_\_\_\_ Poor ? Do you use any medications: Yes / No

Are you physically or mentally challenged in any way? .....

You will be required to inform the school in case of pregnancy—are you currently pregnant ? .....

Which school did you study at? .....

How many hours have you been certified with? ..... And when (mo/year)? .....

Do you have additional training, if so please list modalities? .....

Do you currently hold a valid License to practice Massage? Yes / No If yes, issued by which State?: .....

What is your professional experience, if any, so far? (List details or attach resume) .....

.....  
.....

Are you currently insured to practice massage? Yes / No (Insurance will be required. Student insurance may be available, please inquire.)

Are you new to recovery (within last 12 months) or have you had a communicable disease in the last two years (examples: hepatitis, lice, HIV, scabies, etc.)?

Please describe any learning disabilities or past / recent injuries due to accidents or sports:

Have you ever been charged with a felony, crime or assault—please list below: (Incorrect information or lack of disclosure may affect a student's acceptance, criminal back ground checks may be conducted.)

What is your personal and/or professional goal for enrolling in this program ?

Your challenges:

Your strengths:

**IV: Enrollment Agreement**

This form, when completed, signed and dated, serves as your application for acceptance and enrollment into a certificate of excellence program with Body Wisdom School, if submitted with below items, and as follows:

- 1. Complete this form to the best of your knowledge and sign and date below (you may schedule to do this with the assistance of one of our counselors).
- 2. Include a photo copy of your driver's license (if not available you may use copy of birth certificate and a recent photograph)
- 3. Submit your payment of the Registration Fees (non-refundable) of \$ ..... (please copy from pg. 2): Choose a payment option:

Enclosed is a check/money order in the amount of: \$ ..... (please don't send cash by mail).  
or  
 Charge my Credit/Debit Card in the amount of \$ ..... Card Number: .....  
Exp. Date: ..... CVC: ..... Cardholder: ..... Cardholder's Signature: .....  
Card Billing Address: .....  
(if different from above) (Street) (City) (State) (Zip)

Please also charge above credit/debit card with the remainder of my balance/s as due.  
or  
 I agree to pay the balance/s as due by (please check one):  mailing a check  calling w/a credit card  paying in person.

I HAVE COMPLETED THIS FORM TO THE BEST OF MY KNOWLEDGE AND STATE THAT THE INFORMATION GIVEN IS TRUE AND CORRECT. I FULLY UNDERSTAND, AGREE TO, AND WILL ABIDE BY THE REGULATIONS AND POLICIES STATED WITH THIS FORM, THE STUDENT HANDBOOK, AND SCHOOL POLICIES. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ, UNDERSTOOD AND AGREED TO MY RIGHTS AND RESPONSIBILITES AS STATED WITH THOSE DOCUMENTS AND THIS FROM.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**ACCEPTED BY:**

\_\_\_\_\_  
(School Official)

\_\_\_\_\_  
Date