

Body Wisdom, Inc.

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Form ReflAp 121020

Application / Enrollment Agreement Form for Reflexology Certification Program

| Please print: | | | | | | | |
|--|-------------------------|--------------------------------|-----------------------------|-------------------------------|-----------------------|----------------------------|--|
| (Last Name) | (N | (Middle Initial) (First Name) | | | (Social Secu | (Social Security No.) | |
| (Street Address) | | (City | () | | (State) | (Zip) | |
| (Date of Birth) | (C | ell Phone) | (Home Phone) | | | (Work Phone) | |
| (person | al E-Mail) | | | (Curre | ent Occupation) | | |
| ☐ I am a Body Wisdom Graduate Emergency / Contact Informati | | e year | . under the name: | | se of Name Chang | | |
| In case of an emergency Body Wisdom Inc. may contact information to the school, in case I cannot | contact the following p | persons to inform them of my c | ondition and/or request tha | t they make decisions on r | ny behalf. These pers | sons shall also provide my | |
| (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 rec | quest information rela | ted to my person, my student a | account and/or academic de | etails to and from the follow | ving person/s: | | |
| (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. You further agree that you have been given the School Catalog, Student Handbook, Substance Abuse Policy, and Sexual Harassment or Abuse Policy to read, which are likely to influence your decision to enroll, s. a. below items items – for full details refer to above documents.

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. The school's SAP (Satisfactory Academic Progress) policy applies – for details please refer to the Student Handbook.

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. In case of withdrawal of less than 14 days, but at least 24 hours prior to any course start, the school shall retain/receive 50% of tuitions in addition to the non-refundable registration fee. In case of any later withdrawal or non-attendance, the school shall retain/receive 100% of tuitions, costs, and fees. In case a full course or one or more individual course class/es is/are rescheduled due to weather conditions, which result in irresolvable scheduling conflicts for the course participant, all charges for tuitions and registration fee may be transferred to an entirely different course date or another course choice. Any course fees may or may not be transferrable or refundable, as determined by the school in such case. In case the school cancels a course, all paid monies, including the registration fee, are refundable or transferrable. The school processes refunds within 45 days of official cancellation or withdrawal.

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. \$10 is deducted from refunds on registration fees. No refunds are given for materials and equipment.

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 lowa 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. B) Make arrangements with the student's instructors for course grades, or for incompletes that shall be completed by the student at a later date. If such arrangements are made, the student's registration shall remain intact and tuition and mandatory fees shall be assessed for the courses in full. C) Make arrangements with only some of the student's instructors for grades, or for incompletes that shall be completed by the student at a later date. If such arrangements are made, the registration for those courses shall remain intact and tuition and mandatory fees shall be considered dropped and the tuition and mandatory fees for the course refunded.

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.

Body Wisdom School reserves the right to initiate collection processes on account balances after 30 days of initial delinquency.

Body Wisdom School will charge a collection fee of \$100 or 25% of the outstanding balance, whichever is greater.

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

Note: If you wish to take the single course for Foot Reflexology only, please use Application Form for Individual Courses.

Reflexology Certification Programs are customized and may vary in length, depending on your choice of optional add-on elective courses. Accordingly, Reflexology Certification Programs range from 140 to 370 hours total.

Each program consists of 116 Core Program hours including a minimum of 12 Student Clinic Course hours, and 24 required Elective Program hours. Add-on's are optional and may consist of any additional courses from below Elective menu plus additional Student Clinic Course hours. Such clinic hours are calculated on the basis of approximately 10% of additional modality courses, but should not exceed 13 additional Clinic Course hours.

Program Breakdown:

- 116 Core Program hours include:
 - 48 Hours Foot Reflexolgy
 - 56 Hours Physiology
 - 12 Hours Student Clinic Course
- Minimum of 24 Elective Program hours:
 - To be selected from below list
- .Optional additional Elective Add-On's:
 - May be selected from below list
 - o 10% of Add-On Elective Hours (max. 13 hours) added to Student Clinic Course

Please let our Student Counselor advise and assist you with all program details.

Program Costs:

The costs for a Reflexology Certification Program range from \$2,737.04 to \$6,251.54 depending on your Elective Program choice and/or optional add-on Electives.

Program Details & Cost Calculation:

| Course Title | Course Hours | Select by Entering Course Hours | Select by Entering Use & Material Fees | Tuition includes 20% Discount of Regular Rates | Start of Course (Ex. 'Dec. '22) |
|--|-----------------|------------------------------------|---|--|------------------------------------|
| Core Program: | | | | | |
| Foot Reflexology | 48 | 48 | \$ 119 | | |
| Physiology | 56 | 56 | \$ 190 | | |
| Student Clinic Course | 12 | 12 | \$ 99 | | n/a |
| SUB TOTAL | | 116 | \$ 525.00 | \$1,725.92 | |
| | | | | | |
| Choose Minimum of 24 Elective Hours: | | Enter what applies: | Enter what applies: | Enter what applies: | |
| Pathology | 44 | | \$180 | \$654.72 | |
| Thai Foot Massage | 24 | | \$129 | \$357.12 | |
| Hot Stone Reflexology | 16 | | \$264* | \$238.08 | |
| Relax: Ear & Hand Reflexology | 8 | | \$ 64 | \$119.04 | |
| Clinical Aromatherapy & Massage | 48 | | \$194 | \$714.24 | |
| Business Career Building - Biz12 | 12 | | \$ 79 | \$178.56 | |
| Business, Law & Marketing - Biz32 | 32 | | \$159 | \$476.16 | |
| Up to 13 hours extra Clinic Hours for Add-On's | 10% | | n/a | Hrs x 14.9 | n/a |
| Calculate SUB TOTAL Fees & Tuitions | | | | | |
| Calculate Total Fees & Tuitions | | | | | |

Summarize both Fees & Tuition for Total Reflexology Certification Program Costs =

NOTE: This Form must be submitted together with a non-refundable Registration Fee of \$95 (charged only in case of acceptance and registration takes place)

^{*} Amount can be pro-rated in case student already owns materials.

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II.: Payment:

A. Payment Terms:

The total of non-refundable registration 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 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.

| delinquencies delinquencies or non- until all balances are paid in full. | compliance of the studer | nt with school policies. | No official documents or | certification papers ar | e issued |
|--|--|--|--------------------------------|--------------------------|------------|
| B. Payment Options – Please select: | | | | | |
| 1. Payment in Full (Body Wisdom a linclude the non-refundable Registrand I agree to pay all due amounts cindividual courses as scheduled (see the school's account. | ration Fee of \$on time, as described abo | (enter amount from ove (see par. II.A.). I kr | ow that the school will or | nly hold the space for n | ne in the |
| | Checkmark above and sign | here for payment option | B.1.: | | |
| OR: 2. Financing a) The total of non-refundable Regist completed Enrollment Agreement Fo As Body Wisdom School specializes Applicants may schedule a private of Student Counselor, G Kelley * 515-727-4890 | orm (also see pg. 4). in customized education consultation for this purpor * G.Kelley@bodywisdomscho | n, foregoing Financial A se with: ool.com | id, the school offers custo | om in-house payment p | |
| b) Applicant's Payment Plan Proposa | al: I propose to pay the to | otal program costs as fo | ollows (use additional paper i | f needed): | |
| 1st Payment Payment of \$ | on | (enter date) | ; by Check, Cash, Debit, Cre | edit Card (circle one). | |
| Regular weekly, bi-weekly, monthly | y payments (circle one) in th | ne amount of \$ | per each | (en | ter date); |
| by Check, Cash, Debit, Credit Card (circle | one). | | | | |
| Notes: | | | | | |
| Please use my Debit/Credit Card for automat Payment card billing address: (if different than page 1) | tic payments #: | | Exp.Date: | CVC: | |
| III: Personal Information (use additional) How did you hear about the school? | | | | | |
| • | | | | | |
| Is your current health: Excell | | | | | |
| Are you physically or mentally challe | | | | | |
| You will be required to inform the sch | nool in case of pregnancy | y—are you currently pro | egnant? | | |
| Do you have previous training withn | the health care domain? | | | | |
| If so, please list: | | | Date completed (mo/year)? | | |
| | | | Date completed (mo/y | /ear)? | |
| Do you currently hold a valid License | to practice Massage? | Yes / No If yes, issue | d by which State?: | | |
| What is your professional experience | • | | | | |
| | | | | | |
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|---------------|---|--|--------------------|
| - | re you new to recovery (within last 12 months) or have you had a communicable disease in the last two years (ex | | |
| | ease describe any learning disabilities or past / recent injuries due to accidents or sports: | | |
| | ave you ever been charged with a felony, crime or assault—please list below: (Incorrect information or lack of disclose) classically ground checks may be conducted.) | | |
| What is | hat is your personal and/or professional goal for enrolling in this program ? | | |
| | our challenges: | | |
| | our strengths: | | |
| | | | |
| This fo | : Enrollment Agreement his form, when completed, signed and dated, serves as your application for acceptance and enrollment in ogram with Body Wisdom School, if submitted with below items, and as follows: | nto a Reflexolgoy Certi | fication |
| 1. <u>Com</u> | 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 cour | nselors). |
| 2. Inclu | Include a photo copy of your driver's license (if not available you may use copy of birth certificate and a | recent photograph) | |
| 3. Subi | Submit your payment of the Registration Fee (non-refundable once accepted and registered) of \$95.00 | - Choose a payment op | tion: |
| ☐ Er | Enclosed is a check/money order in the amount of: \$ (please don't send cash by mail). | | |
| or Ch | Charge my Credit/Debit Card in the amount of \$ Card Number: | | |
| | Exp. Date: | | |
| | Card Billing Address: | | |
| (if o | (if different from above) (Street) (City) | (State) | (Zip) |
| ☐ Ple | Please also charge above credit/debit card with the remainder of my balance/s as due. | | |
| or la | I agree to pay the balance/s as due by (please check one): \square mailing a check \square calling w/a credit card | ☐ paying in person. | |
| ANE THIS | I HAVE COMPLETED THIS FORM TO THE BEST OF MY KNOWLEDGE AND STATE THAT THE IN AND CORRECT. I FULLY UNDERSTAND, AGREE TO, AND WILL ABIDE BY THE REGULATIONS AT THIS FORM, THE STUDENT HANDBOOK, AND SCHOOL POLICIES. MY SIGNATURE BELOW CENTRE UNDERSTOOD AND AGREED TO MY RIGHTS AND RESPONSIBILITES AS STATED WITH THOSE DOCUMENTS. | AND POLICIES STATE RTIFIES THAT I HAV | ED WITH E READ, |
| | | | |
| | Student's Signature Date | | |
| ACCE | CCEPTED BY: | | |
| | (School Official) Date | | |
| | | | |