

ENROLLMENT AGREEMENT

I, _____, residing at _____
 Last First M Street

_____ do hereby on this _____ day of _____,
 City State Zip

to _____ enroll in the Therapeutic Massage course at Body Wellness Massage Academy, LLC., for a total tuition of: *(not including application fee)*.

_____ \$6,000.00 - **500 Hour Program** _____ ~~\$8500.00~~ - **650 Hour Program**

_____ \$6,000.00 - **2000 Hour Apprenticeship Program**

I understand that this tuition includes supplies consisting of textbooks, oils, lotions, creams, or gels used in the classroom, exit exam fees, ABMP Membership and online CPR.. I understand that basic school supplies, sheets, towels, MBLEX testing fees, state board testing fees, Arkansas licensing fees and requirements, and other items needed for this course will be at an additional cost or are to be provided by me.

Start Date: _____ **Graduation Date:** _____

Tuition must be paid in full one week prior to the first day of class or in monthly installments as arranged with the Financial Officer.

I understand that refunds will be calculated in accordance with the refund policy of Body Wellness, Massage Academy LLC. If tuition has been paid in full, a refund will be made directly to the student within 30 days after written withdrawal or dismissal.

I understand that I can be dismissed from the program of study for any of the following.

1. Incorrect or misleading information presented to the Academy.
2. Unlawful possession, use, or distributions of illicit drugs and or alcohol on the premises, or in connection with any school event.
3. **Unexcused absences or tardiness.**
4. Unprofessional dresses, hygiene, or conduct.
5. Promoting the practice of massage in an unprofessional manner.
6. Failure to pay tuition in a timely manner.
7. Behavior that may cause harm to the reputation of the Academy.
8. The practice of or the attempt to practice massage therapy outside of the school program while a

student of the Academy.

- 9. Failure to maintain a satisfactory academic standard.
- 10. Failure to comply with Policy and Procedures of the Academy.

I understand that after I have satisfactorily completed the course of study, demonstrated proficiency in the practice of massage therapy, passed all final examinations, paid tuition and fees in full, and otherwise complied with all the rules and regulation of the Academy, I will receive a diploma and transcript certifying my completion of the program and will be eligible to sit for the MBLEX and Arkansas license.

I also understand that the Arkansas Department of Health governs massage therapy. Any course taught in this program is for completion of licensure and are not intended to indicate scope of practice in Arkansas. I also understand that a space in a class is not guaranteed until financial arrangements for payment of the course are made.

(Notice to applicant: Do not sign this agreement before you have read it in its entirety. You are entitled to an exact copy of this contract.)

I understand that this agreement becomes a binding contract with my signature, its acceptance, and subsequent signature of the Academy Director or Instructor.

Signature of Applicant

Date

Signature of Academy Director/Instructor

Date