



## Application For Admission

Please answer all questions. We cannot process an incomplete application. A school representative will contact you as soon as we process your application.

PLEASE PRINT OR TYPE

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First M.I. Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Area Code and Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_  
Email Address \_\_\_\_\_  
Female \_\_\_\_\_ Male \_\_\_\_\_ Occupation \_\_\_\_\_

I am applying for:

\_\_\_ Day Class

\_\_\_ Night Class

\*Completed applications, tuition deposit (\$500.00 minimum) and application fees are due three weeks prior to the start of the program. A completed application submitted after the deadline may be accepted only at the discretion of the director.

### CHECKLIST – Your application is complete when all the following are submitted:

- ☐ Application for Admission including a nonrefundable fee of \$100.00.
- ☐ Deposit/Down Payment \_\_\_\_\_  
(\$500.00 minimum, due 3 weeks prior to start date).
- ☐ High School Transcript, GED or College or Trade School Transcript
- ☐ Copy of Driver's License and Social Security Card

### EMERGENCY

In case of emergency, please contact:

Name \_\_\_\_\_ Relation to Student \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_



## HEALTH

Do you have any physical conditions that could inhibit your ability to perform the physically challenging work of massage? \_\_\_\_ NO \_\_\_\_ YES

If YES, please explain:

Have you ever been treated for any condition requiring hospitalization? \_\_\_\_ No \_\_\_\_ Yes  
If yes, please give dates and describe:

Do you currently have, or have you had during the last two years a communicable disease? \_\_\_\_ No \_\_\_\_ Yes. If yes, please describe \_\_\_\_\_.

Are you currently on any medications? \_\_\_\_ No \_\_\_\_ Yes. If yes, please list medication or physical condition being treated: \_\_\_\_\_

## EDUCATION

Name of High School: \_\_\_\_\_

Date Graduated: \_\_\_\_\_

Address \_\_\_\_\_

Name Recorded on Transcripts (if different) \_\_\_\_\_

Name of College or University \_\_\_\_\_

Graduation Date \_\_\_\_\_ Degree \_\_\_\_\_

**I grant the school named above my permission to release my high school transcript to:  
Essentials School of Massage at 5959 Approach Rd., Sarasota, FL 34238**

Name, please print while a student: \_\_\_\_\_ date: \_\_\_\_\_

Name, please sign: \_\_\_\_\_ date: \_\_\_\_\_

## LEGAL

Have you ever been convicted of a crime? \_\_\_\_ No \_\_\_\_ Yes

If yes, please give details and include information about litigation, if any. Do not include traffic violations or misdemeanors. (Use a separate piece of paper if necessary.) **\*Please note that felony charges and/or conviction may prevent you from obtaining a license.**



**DISREGARD THIS PAGE N/A**

**Massage Verification**

All applicants must receive at least two full-body massages, of at least 50 minutes, from a Licensed Massage Therapist as part of the admission process. Please ask your therapist to verify your treatment.

**Applicant's Name** \_\_\_\_\_

**Massage # 1**

Therapist's Name \_\_\_\_\_

Therapist's License Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Therapist's Signature \_\_\_\_\_

Date of Massage \_\_\_\_\_

**Massage # 2**

Therapist's Name \_\_\_\_\_

Therapist's License Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Therapist's Signature \_\_\_\_\_

Date of Massage \_\_\_\_\_



### Application Fee / Tuition / Down Payment

Your application is not complete without the application fee of \$100.00 Please specify how you will be paying for this fee:

<input type="checkbox"/>	Payment by check or money order. (Please print a copy of this form and submit it with your payment.)
<input type="checkbox"/>	Payment by credit card. (Please complete the information on this form.)

Please specify how you will be paying for tuition deposit:

<input type="checkbox"/>	Payment by check or money order. (Please print a copy of this form and submit it with your payment.)
<input type="checkbox"/>	Payment by credit card. (Please complete the information on this form.)

### Credit Card Billing Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Type of Credit Card:            VISA            MasterCard            Discover            Other

Credit Card Number \_\_\_\_\_ Sec. Code \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

**Total Amount Billed to Credit Card: \$** \_\_\_\_\_

I authorize Essentials School of Massage to charge my credit card in the amount listed above.

Card Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## SCHOOL START DATES

Essentials School of Massage requires a minimum of six (6) students for a class session to start. If that minimum number is not met, the school may reschedule a start date until enough students are enrolled. If a start date must be changed, the student will be notified by email and certified letter. A written confirmation must be received from the student stating whether they wish to continue with the application or withdraw from the program. If the student wishes to withdraw, a full refund of monies paid less the application fee will be made within 30 days of the written notice of intent to withdraw.

## DECLARATION

I have completed this application to the best of my knowledge and state that the information I have given is true and correct. I understand that providing false information is grounds for dismissal from the program. I have read, understand and agree to all policies, including policies regarding conduct, of Essentials School of Massage as set forth in this catalog.

Applicant's Signature		Date
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Please email this application to: [essentialsschoolofmassage@gmail.com](mailto:essentialsschoolofmassage@gmail.com) or mail this application to:

Director  
Essentials School of Massage  
5959 Approach Rd.  
Sarasota, FL 34238

It is advisable for prospective students to file this application with the appropriate fees as soon as possible as classes can fill quickly. Completed applications, documents, application fee and tuition deposit fees are due three weeks prior to the start of the program.

***Essentials School of Massage does not discriminate against any applicant.***

## FOR OFFICE USE ONLY

- ☐ Application for Admission
- ☐ Payment for application fee
- ☐ Deposit/Down Payment \_\_\_\_\_ (due 3 weeks prior to start date)
- ☐ High School or College Transcript or GED (with official seal)
- ☐ Copy of Driver's License and Social Security Card
- ☐ Enrollment Agreement
- ☐ Hold Harmless Agreement



## Enrollment Agreement – Essentials School of Massage

5959 Approach Rd., Sarasota, FL 34238 (864-787-5828)

Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Area Code and Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

I \_\_\_\_\_ am entering into this enrollment agreement on \_\_\_\_\_ with Essentials School of Massage, for the program of Massage Therapy. I agree to attend the school for its 500-hour program to attain a certificate of completion in Massage Therapy. The anticipated start date of my attendance will be \_\_\_\_\_ and anticipated end date will be \_\_\_\_\_. I acknowledge and understand that if there are fewer than 6 students prior to the start of class, my start date will be postponed to a future date in which enrollment is sufficient.

I understand that the costs that are associated with the program are:

**Program Cost:** \$8,000.00 per student

Tuition includes the cost of a background check, equipment such as massage tables and chairs needed during school training and on-site clinicals, 1 lotion bottle, and 1 holster.

**Application fee:** \$100.00 per student (nonrefundable)

Essentials School of Massage uses two Textbooks. The student is responsible for purchasing their own books online and approximate costs are \$150.00. This cost is subject to change as pricing changes. Student will be given the websites to order the needed books and are also listed in our program catalog.

\*Please note that additionally, the student will be responsible for the purchase of scrubs for clinicals, their own lotion/oil, 1 relaxation cd, 3 sets of linens, 1 bath towel, and 1 bolster to be used for client support. Estimated additional cost that a student may incur is \$200 depending on their preferred choice of vendor and purchase method.

I agree that I have these following payment options:

1. Payment in full
2. 6 monthly payments (paid during the term student I am enrolled in 6-month program)
3. In house financing available for up to 12 months at 15% interest (see attached payment agreement, which will be completed during orientation) Please note that if you choose this method of payment, you will not receive your transcript until payment in full has been made).
4. Other method of payment, please describe: \_\_\_\_\_



\*Third-party loans must be repaid according to the terms of the note even if the borrower does not complete his or her education, cannot get a job after completion of the program, or is dissatisfied with the education.

I understand that I will be given a copy of the school's program catalog. I understand that I will receive a copy of this signed enrollment agreement.

I agree and understand the cancellation/refund policy outlined below:

### **Tuition Cancellation and Refund Policy**

Should a student's enrollment be terminated or cancelled for any reason all refunds will be made according to the following refund schedule:

- All monies will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the enrollment agreement and making initial payment.
- Cancellation can be made in person, by electronic mail, by certified mail or by termination.
- Cancellation after the third (3) business day but before the first class, will result in a refund of all monies paid except for the application fee of \$100.00.
- Cancellation after attendance has begun, through 40% completion of the program will result in a pro Rata refund computed on the number of hours completed to the total program hours.
- Cancellation after completing more than 40% of the program will result in no refund.
- Termination date: In calculating the refund due to a student, the last date of actual attendance by the student is used to determine the total refund due.
- Refunds will be made within 30 days of termination or receipt of cancellation notice.

### **TRANSFER OF CREDITS TO OTHER COLLEGES**

Since the program offered at Essentials School of Massage is intended to be career-oriented and specialized, credits do not typically transfer to other programs. The decision to accept transfer credits is solely at the discretion of the receiving institution. Essentials School of Massage does not imply, promise or guarantee transferability to any other institution.





*Essentials School of Massage*

#### **JOB PLACEMENT ASSISTANCE**

Essentials School of Massage does not guarantee nor imply job placement; however, the school will refer students to area businesses that are in search of licensed massage therapists. Completion of the program does not guarantee employment.



## TRUTH IN LENDING DISCLOSURE STATEMENT

<b>Lender:</b> Essentials School of Massage 5959 Approach Rd. Sarasota, FL 34238 864-787-5828		<b>Applicant Name:</b>   <b>Mailing Address:</b>   <b>Physical Address:</b>   <b>Phone number:</b>   <b>Home:</b>  <b>Cell:</b>  <b>Work:</b>	
Preparation Date:		Deposit Amount Paid: Date of Deposit Paid: First payment due:	
€ Initial Disclosure Estimated at Time of Application		€ Final Disclosure Based on Contract Terms	
<b>ANNUAL PERCENTAGE RATE</b> The cost of your credit as a yearly rate.  Estimated at 15%	<b>FINANCE CHARGE</b> The dollar amount the credit will cost you.  School ID #10230	<b>AMOUNT FINANCED</b> The amount of credit provided to you or on your behalf.	<b>TOTAL OF PAYMENTS</b> The amount you will have paid after you have made all payments as scheduled



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**REQUIRED DEPOSIT:** The annual percentage rate does not take to account your required deposit.

**LATE CHARGES:** If your payment is more than 5 calendar days late, you will be charged a late fee of \$50.00. This will be added to your balance due. A \$25.00 fee will be added for any returned checks.

**PREPAYMENT:** If you prepay this loan in full during the 6 months of attending the program you will not be assessed interest charges.

See your payment agreement document for any additional information regarding non-payment, default, and payment refunds and penalties.

I/We hereby acknowledge reading and receiving a complete copy of this disclosure. I/We understand there is no commitment for the creditor to make this loan and there is no obligation for me/us to accept this loan upon delivery or signing of this disclosure.

\_\_\_\_\_  
Borrower/s/Name/s Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower/s/ Signature/s

\_\_\_\_\_  
Date

#### **HOLD HARMLESS STATEMENT**

Essentials School of Massage and student acknowledge that there is some risk of accident or injury associated with use of equipment and other aspects of the course of study, including but not limited to direct care and contact of other students or clients at the clinical or training site. Student does hereby waive, release, and discharge Essentials School of Massage of any and all liability and all claims for damages for death, personal injury, or property damage, and any lawsuits may arise as a result of my misconduct while a student at Essentials School of massage.

This release is intended to discharge the school, and its officers, employees, representatives, students, volunteers, and agents from and against any and all liability arising out of or connection in any way with my participation in the training, internship/externship, hands-on activities, practice, or other activities.

Knowing risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above that might otherwise be liable to me or my heirs or assigns for damages. I further understand and agree that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. In addition, I give permission to receive, if necessary, emergency medical services by authorized personnel, and that any cost incurred as a result of such medical treatment will be my responsibility.



Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All signers of this agreement have received and read a copy of this binding document and catalog.

Applicant Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_





*Essentials School of Massage*

**Essentials School of Massage**

**Tuition Payment Agreement**

I \_\_\_\_\_, am a student currently enrolled in the massage therapy training program at Essentials School of Massage located in Sarasota, Florida. I am enrolled in the \_\_\_\_\_ term for six months. I acknowledge and have agreed to a payment plan of \$ \_\_\_\_\_ per month beginning on \_\_\_\_\_ and ending on \_\_\_\_\_. I also acknowledge and agree that if payment is not made as agreed and becomes more than 5 calendar days past due then a late fee of \$50.00 will be added to the balance due. I agree to pay a fee in the amount of \$25.00 for any checks returned by my bank for insufficient funds. If the payment is not made within 30 days, I acknowledge and agree that I will be suspended from the program at Essentials School of massage until all obligations under this agreement have been made current according to our agreement. If the terms are not followed, I understand that my account will be turned over to a collection agency.

I further understand and agree that upon graduation, transcripts will only be released if payment has been received in full according to our agreement during the term of enrollment and furthermore agree to continue to make payments as agreed upon in this acknowledgment or my account will be turned over to a collection agency.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_

By: \_\_\_\_\_

(Student)

Director or Owner: \_\_\_\_\_ Date: \_\_\_\_\_