

Hawaiian Massage School of Kauai

Registration

Name _____

Address _____

Email _____

Phone _____

Cell _____

Occupation _____

Today's date _____

Age _____

Contact person who stays at same address in case you move in the future.

Name _____

Phone _____

Address _____

Email _____

Please indicate what type of training you are seeking.

- _____ 1 Total Hawaiian Lomi Lomi Massage (\$3900.)
- _____ 2 Spa Therapists Training (\$3900)
- _____ 3 Medical Massage and Injury Therapy with
Scoliosis Therapy / Body Balancing (\$3900)
- _____ 4 Supplemental Training for out of state therapists (Depends on what is needed)
- _____ 5 Structural Integration Therapy (\$4700)

*National certification for continuing education hours also available for
advanced training. Individual Retreats offered are:*

..... Traditional Hawaiian Lomi Lomi Massage.....	\$1500
..... Hawaiian Hot Sand and Pohaku Stone Therapy.....	\$1800
..... Structural Shoulder Neck and Arm Therapy.....	\$1500
..... Scoliosis Therapy with Body Balancing.....	\$1200

Please indicate here if you are seeking a payment plan. _____

Please indicate if you are planning to pay for the training by credit card _____

Please indicate if another person other than yourself will be paying your tuition. _____

*Certified checks, or money orders only. No personal checks accepted.
Make Checks Payable to Hawaiian Massage School of Kauai llc*

*Send application to
Hawaiian Massage School of Kauai llc
P.O. Box 1065
Hanalei, HI 96714*

For application questions please contact us at the School at 808 828-6418

For counseling on options available please ask to speak with Marguerite

Please include a photo of you with your application.

If you would like to do a payment plan I will consider your personal situation and if you wish you may apply for a payment plan using the following form.

All tuition is due at the time of registration unless the student is doing a payment plan. The payment plan is \$700. due at registration. The rest is due in monthly payments for one year at the rate of \$280 per month and must be completed before graduation.

Student financing and scholarships' are available upon request and meeting of certain criteria.

Place Photo here

Credit Card Application

I would like to pay by Credit Card

Visa MasterCard American Express

_____

Exp. Date _____

Amount to charge to card _____

Name as it appears on

card _____

Cardholder

signature _____

Billing address of card used

Application for Payment Plan

Name _____

Address _____

Email _____

Phone _____

Cell _____

Occupation _____ *Today's*
date _____

Do you have a relative or friend willing to co-sign the loan application for
you. _____

Name and address of co-signer if applicable

Name _____

Phone _____

Address _____

Email _____

Reasons you need a payment plan to pay for your
tuition _____

Employer Name _____

Employers Phone _____

Please state your plan to repay this

loan _____

Print Name _____ *Date* _____

Sign Name _____ *Date* _____

Co barrower's signature _____ *Date* _____

Consent Agreement

Please sign below if you give your consent to have a photo or video from the class you attend with you in it on my web site or other publication.

Signature _____

I look forward to working with you and ask that you contact me with any questions and let's talk about it. I want you to have a wonderful learning experience, so let me know any way I can accommodate

you. Please sign below indicating you have read the information contained in this form and are willing to attend the training under these conditions.

Print Name _____

Cancellation and Refund Policies

Full refund of tuition and fees

The student will receive a full refund of tuition and fees if:

- 1. The student requests cancellation within 5 calendar days after signing the Enrollment Agreement if no classes have been attended, lessons completed or materials used. The applicant within an additional period of 5 calendar days must confirm this request, in writing. After 5 calendar days or after 10 calendar days absent without written confirmation, the school will retain the Registration Fee; or*
- 2. The applicant is not accepted for admission by the school; or*
- 3. The school cancels the program prior to the applicant beginning class.*

For Programs:

Partial Refund

Students will be eligible for a partial refund:

- 1. If a student cancels after the fifth calendar day following the date of enrollment, but prior to the scheduled beginning of training, tuition paid to the school shall be refunded. The school shall retain the registration fee.*
- 2. If a student enrolls and withdraws or discontinues after the scheduled program has begun, but prior to the enrollment period graduation date, the following refund policies apply:*
 - A. If termination occurs during the first 7 calendar days of the enrollment period, this will result in the school retaining the Registration Fee and 25% of the tuition charge.*
 - B. If termination occurs after the first 7 calendar days of the enrollment period, but within the first 25% enrollment period, this will result in the school retaining the Registration Fee and 45% of the tuition charge.*

C. If termination occurs after 25% of the enrollment period, but within 50% (calendar midpoint) of the enrollment period, this will result in the school retaining the Registration Fee and 70% of the tuition charge. Termination due to catastrophic illness or injury will result in a pro-rata refund.

No Refund

If termination occurs after 50% (calendar midpoint) of the enrollment period, this will result in the school retaining the Registration Fee and 100% of the tuition charge.

Refund Payments

All refunds due will be made to the original funding source(s) within 30 business days of the determined withdrawal, cancellation or termination date from the course or program.

I agree to enroll in the Hawaiian Massage School of Kauai under the understanding that I have read and agree to the refund policies of the school.

Print Name _____

Sign _____ *Date* _____