

LA INSTITUTE OF MASSAGE THERAPY

Application/Enrollment Agreement

P.O. BOX 7934, LAKE CHARLES, LA 70606

337.474.3737

www.LaMassageSchool.com

Print Name: _____

Address: _____

City, State, Zip: _____

Cell #: _____

Home #: _____

E-mail: _____

Date of Birth: _____ Age: _____

Social Security #: _____

Emergency Contact: _____

ER Contact Phone #: _____

Select Class: March 15, 2024 Weekday Class (Mon, Wed, Thu)

Weekend Class (Sat & Sun)

Visit www.LaMassageSchool.com for the **2024 Class Schedule**

By virtue of my signature below, I hereby enroll and obligate myself to pay to the order of LA Institute of Massage the amounts indicated for registration, tuition, and book & classroom fee for the 510-hour course. I will choose a payment option at the right. I certify that I have read both sides of this Enrollment Contract in its entirety; I agree to the financial terms I have chosen; and I accept the stated enrollment agreement and refund policies as written. I understand this contract is subject to representation only as expressed herein.

Signature: _____ Date: _____

(Your initials are also required on the reverse side of this page, outlined section)

FINANCIAL INFORMATION

Please select a payment method

FULL PAYMENT DISCOUNT - **\$5,950 total! (Save \$500)**

\$50 (registration fee; attach to enrollment contract)

\$300 (book/classroom fee) – due 1st day of class

\$5,600 (tuition) – due 1st day of class

WEEKDAY PAYMENT PLAN (*Interest-Free*) - **\$6,450**

\$50 (registration fee; attach to enrollment contract)

\$1,900 (\$300 book/class, \$1,600 tuition) - due 1st day of class

\$4,500 (tuition) – 6 payments of \$750 per month

WEEKEND PAYMENT PLAN (*Interest-Free*) - **\$6,450**

\$50 (registration fee; attach to enrollment contract)

\$1,450 (\$300 book/class, \$1,150 tuition) – due 1st day of class

\$4,950 (tuition) – 11 payments of \$450 per month

I AM INTERESTED IN FINANCIAL AID AND/OR DEFERRING MY FULL TUITION AMOUNT UNTIL AFTER GRADUATION!

Please email me more information about this option!

\$50 (registration fee; attach to enrollment contract)

(Terms & Conditions apply)

TRANSCRIPT EVALUATION FOR STUDENT TRANSFER

\$100 (attach to enrollment contract; non-refundable, and will apply to tuition)

Or email us for more information. Send your full name, date of birth, and cell phone number to “info@lamassageschool.com”

QUESTIONS? Please Call: 337.474.3737

Email: Info@LaMassageSchool.com

Please complete this enrollment contract, enclose the \$50 registration fee (Check or Money Order), & mail to:

Louisiana Institute of Massage Therapy

P.O. BOX 7934

Lake Charles, LA 70606

REFUND POLICY

- I understand the tuition payment agreement I have chosen on the reverse side of this contract. Should I default on this agreement, I agree to be responsible for all legal fees incurred in a collection process.
- I understand that if I have chosen any payment plan, monthly payments are due on the 5th (fifth) of each month and are considered late after the 5th. I agree to pay a late fee of \$2.00 per day, retroactive to the 1st of the month for any payment received after the 5th of the month (ex: payment made on the 10th = \$20 late fees).
- I have received a school catalog containing: a class schedule, an outline of courses and their descriptions, a schedule of tuition, registration, book and classroom fee and other charges, refund policy, job placement assistance, financial aid, and other miscellaneous information which will be discussed fully during class orientation. Most of this information is also featured in the Student Handbook.
- I agree to comply with the established school policies during my term of enrollment.
- I understand that enrolling in massage therapy training is physically, psychologically, and emotionally demanding and verify that I am in good health and currently have no health issues, whether physical, psychological, or emotional, that may interfere with said training. Additionally, I agree to hold harmless Louisiana Institute of Massage Therapy, LLC, for any development of new health problems or exacerbation of preexisting health problems that occur due to my participation in said training program. (*Applicant's initials* _____)
- I understand that video and still photography may be used during class and I give permission for my image to be used in promotional and instructional materials.
- I understand that a portion of class resources may only be available online, and that I will need off-site access to a personal computer with internet access. I understand that I am also required to have an email address and to check the account regularly.
- I understand that I must purchase 2 sets of scrubs to wear during class. I understand that within the first month of class, I must purchase 4 sets of twin sheets that I will bring to each class and that I will be responsible for laundering between classes.
- I further understand that I will be required to give and receive massages and agree to participate during class and during student clinic in order to graduate.

ADMISSIONS USE ONLY

- | | |
|--|--|
| <input type="checkbox"/> Application Received ____/____/____ | <input type="checkbox"/> Acceptance Letter Sent ____/____/____ |
| <input type="checkbox"/> Accepted/Rejected by _____ | Reason _____ |
| Date | Method |
| <input type="checkbox"/> \$50 Registration Fee | _____/____/____ _____ |
| <input type="checkbox"/> \$300 Book Fee | _____/____/____ _____ |
| <input type="checkbox"/> \$5,600 Tuition | _____/____/____ _____ |
| <input type="checkbox"/> Balance | _____/____/____ _____ \$_____ |
| Books received: | <input type="checkbox"/> MTPP <input type="checkbox"/> Patho |
-

Three business day cancellation - If the student is unable to enter, for any reason, all monies paid will be refunded in full, if requested within three (3) business days after the signing of the enrollment contract and making an initial payment (registration fee).

Cancellation after the three (3) business day cancellation period, but before commencement of classes by the student - If the student does not begin classes, no more than the \$50.00 registration fee shall be retained by the Institute.

Refunds for students who do not begin classes shall be made within 30 days of the start of a quarter, term, or semester.

For a student who withdraws after the commencement of classes, refunds are calculated as follows:

1. During the first week of class, 90% of the total tuition amount will be refunded, less the \$50.00 registration fee, thereafter;
2. During the second, third, and fourth weeks of class, 75% of the total tuition amount will be refunded, less the \$50.00 registration fee, thereafter;
3. During the first 25% of the course, 55% of the total tuition amount will be refunded less the \$50.00 registration fee, thereafter;
4. During the second 25% of the course, 30% of the total tuition amount will be refunded, less the \$50.00 registration fee, thereafter;
5. During the third and fourth 25% of the course, no refund will be made and the student will be responsible for the entire tuition fee.

Percentages of course completion are to be computed on the basis of clock hours. For programs exceeding one year in length, 100% of the stated course price attributable to the period beyond the 1st year will be refunded in full, when the student withdraws during the prior period.

Book and Classroom Fee Refund Policy: Books may not be returned and there are no refunds given for books or supplies.

Monthly Billing Accounts Refund Policy: Finances fees and late fees are non-refundable. These fees will not be considered as tuition when calculating a refund. All NSF checks will incur a handling fee that is the maximum allowable by Louisiana law.
