

Calistoga Massage Therapy School
2801 Yulupa Ave Suite B, Santa Rosa, CA 95405 (707)542-4577
Enrollment- Written Contract / Agreement

Student's Name _____ Phone# _____

Address _____

Email _____

B. A STUDENT OR ANY MEMBER OF THE PUBLIC MAY FILE A COMPLAINT ABOUT THIS INSTITUTION WITH THE BUREAU. IF A STUDENT OR THE PUBLIC HAVE ANY COMPLAINTS, QUESTIONS OR PROBLEMS WHICH CANNOT BE WORK OUT WITH THE SCHOOL, OR ANY QUESTIONS A STUDENT MAY HAVE REGARDING THIS ENROLLMENT AGREEMENT THAT HAVE NOT BEEN SATISFACTORILY ANSWERED BY THE INSTITUTION MAY BE DIRECTED TO: BUREAU FOR PRIVATE POSTSECONDARY AND VOCATIONAL EDUCATION, 2535 Capitol Oaks Dr. Suite 400 Sacramento, CA 95833, Mailing Address P.O.Box 980818, West Sacramento, CA 95798-0818. Phone# (916)431-6959, Toll Free (888)370-7589, Fax# (916)263-1897 Web site WWW.bppe.ca.gov.

C. This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given; (a) a written statement of the refund policy including examples of how it applies and; (b) a catalog including a description of the course or educational service " including all material facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain.

D. This agreement is for the course of educational service _____
A total of _____ hours are required to complete the course of educational service.

Start Date _____ Schedule Completion Date _____

E. STUDENT'S RIGHTS TO CANCEL. The student has a right to cancel this enrollment agreement and obtain a refund. You may cancel this enrollment agreement paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. The student may receive a refund by providing a written notice to Dr. Steven L. Ticen 2801 Yulupa Ave Suite B Santa Rosa, CA. 95405. The prorated refund starts on the date that the student communicated to The Calistoga Massage Therapy School that the student has withdrawn from class.

F. REFUND INFORMATION. The student has a right to a full refund of all charges less the amount of \$ 50.00 for the registration fee if he/she cancels this agreement prior to or on the first day of instruction. In addition, the student may withdraw from a course after instruction has started and receive a pro rata refund for the unused portion of the tuition. The student shall receive a refund of the unused portion of tuition paid minus the \$50 deposit, minus the clock hours (tuition cost per hour) that the class has already completed, minus the costs of books and supplies. If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

The school will also refund money collected for sending to a third party on the student's behalf such as licensed or application fees. If the school cancels or discontinues a course or educational program, the school will make a full refund of all charges. Refunds will be paid within 30 days of cancellation or withdrawal.

IF THE STUDENT IS NOT A RESIDENT OF CALIFORNIA OR IS THE RECIPIENT OF THIRD-PARTY PAY OR TUITION AND COURSE COSTS, SUCH AS WORKFORCE INVESTMENTS VOUCHERS OR REHABILITATION FUNDING, THE STUDENT IS NOT ELIGIBLE FOR PROTECTION UNDER AND RECOVERY FROM THE STUDENT TUITION RECOVERY FUND 94810(a)(10)

NOTICE

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSE WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

YOU ARE RESPONSIBLE FOR THIS AMOUNT, IF YOU GET A STUDENT LOAN, YOU ARE RESPONSIBLE FOR REPAYING THE LOAN AMOUNT PLUS AND INTEREST.

G. STATE, FEDERAL OR PRIVATE LOANS: If the student obtains a loan to pay for educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund. If the student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur: The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed of the loan. The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

H. FEES AND CHARGES. The student is responsible for the following fees and **service.**

Registration (non-refundable)	\$ _____
Tuition, books, equipment	\$ _____
TOTAL CHARGES	\$ _____

THE TOTAL AMOUNT FOR ALL FEES, CHARGES, AND SERVICES THE STUDENT IS OBLIGATED TO PAY FOR THE COURSE OR EDUCATIONAL SERVICE IS \$ _____

I. Prior to signing this enrollment agreement, you must be given a catalogue or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, prior to signing the agreement. I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information included in the School Performance Fact Sheet, and have signed, initialed, and date the information provided in the School Performance Fact Sheet.

Signature of Student _____ date _____

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination, passage rates, salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my right and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

J. Signature of student _____
date _____

K. I Certify that Calistoga Massage Therapy School has met the disclosure requirements of Educational Code # 94312 of the Private Postsecondary and Vocational Reform Act of 1989.

Signature, Title of School Official/date _____

This agreement is accepted by _____ date _____

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