

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. IF YOU HAVE ANY COMPLAINTS, QUESTIONS OR PROBLEMS WHICH YOU CANNOT WORK OUT WITH THE SCHOOL, WRITE OR CALL BUREAU FOR PRIVATE POSTSECONDARY AND VOCATIONAL EDUCATION, 400 "R" STREET SUITE 5000 SACRAMENTO, CA 95814-6200 (916) 445-3427

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. BUYER'S RIGHTS TO CANCEL. The student has a right to cancel this enrollment agreement and obtain a refund. You may cancel this enrollment agreement and receive a refund by providing a written notice to Dr. Steven L. Ticen 2801 Yulupa Ave Suite B Santa Rosa, CA. 95405.

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 and other refundable charges if the student has completed 60% or less of the instruction.
The refund shall be calculated as follows.

1. Deduct a registration fee not to exceed one hundred dollars(\$100) from the total tuition charge.
2. Divide this figure by the number of hours in the program.
3. The quotient is the hourly charge for the program.
4. The amount owed by the student for the purposes of calculating a refund is derived by multiplying the total hours attended by the hourly charge for instruction plus the amount of the registration fee.
5. The refund shall be any amount in excess of the figure derived in paragraph(4) that was paid by the student.

For example, if the student completes only 30 hours on a 90-hour course and paid \$300.00 tuition, the student would received a refund of \$200.00.

\$300.00	X	60 Clock hours of instruction = \$200.00
amount paid		paid for but not received refund
for instruction		90 clock hours of instruction amount
		for which the student has paid.

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. 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 \$ _____

H. 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.

Signature of student _____ date _____

I. This agreement is not operative until the student makes an initial visit to the institution and receives a thorough tour, or attends the first class or session of instruction. This requirement is not applicable to correspondence or other distance learning programs.

Date of Visit _____	Student's _____
Tour _____	Signature/Date _____

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 _____