Enrollment Agreement Cypress Health Institute Student application form
Massage Therapist Certificate Program 556 hour Program
Classes held at 1119 Pacific Ave #300, Santa Cruz CA 95060

_____
Student name

_____
Student address City State Zip Code

This agreement is for the course: Massage Therapist Certificate Program 556 hour Program
A total of 556 hours are required to complete this course.
Program period covered by this enrollment agreement is from _____ to _____ .
Program start date _____ . Program completion date: _____ .

STUDENT'S RIGHT TO CANCEL OR WITHDRAW FROM INSTITUTION

The student has the right to cancel and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. You may cancel this enrollment agreement and receive a refund by providing a written notice, via postal mail, to Larry Bernstein, Director, Cypress Health Institute, P.O. Box 542, Soquel, CA 95073. Students must submit a written request via postal mail by _____ to receive a full refund less the $100 nonrefundable registration fee.
You may withdraw from the institution by providing a written notice to Larry Bernstein in person, or via postal mail, to Larry Bernstein, Director, Cypress Health Institute, P.O. Box 542, Soquel, CA 95073.

REFUND INFORMATION

In addition, the student may withdraw from this 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. For example, if the student completes only 40 hours of a 520 hour course and paid $7500 tuition, the student would receive a refund of $6923.08:

$7500. amount paid x 40 hrs. attended of 520 hr program
x/7500 = 40/520 = $576.92 paid for 40 hrs
$7500 – $576.92 = $6923.08 refund due to student

If a 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:

1) 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 on the loan.
2) 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.

The school will also refund money collected for sending to a third party on the student's behalf such as license or application fees. If the school cancels or discontinues a course the school will make a full refund of all charges. Refunds will be paid within 45 days of cancellation or withdrawal.

FEES AND CHARGES

The student is responsible for the following fees and charges:

Registration:	$ 100.00	the registration fee is nonrefundable
Tuition	$ 7400.00	
Equipment	$ 0	no lab supplies or kits are required No uniforms, in residence housing, tutoring, assessment fees required
Textbooks	$ 0	text manuals are provided free to all students
Other STRF*	$ 0.00	STRF fee is non-refundable
TOTAL CHARGES	$ 7520.00	
Transcript fee		$ 25.00 optional
instructor fee for makeup classes		$ 40.00/hr optional

TOTAL CHARGES FOR CURRENT PERIOD OF ATTENDANCE
ESTIMATED TOTAL CHARGES FOR ENTIRE EDUCATIONAL PROGRAM IS $7520.00.
TOTAL CHARGES STUDENT OBLIGATED TO PAY UPON ENROLLMENT $100.00
3 PAYMENT PLAN = $2520 TUITION FEE.ON_____ THE NEXT APPLIABLE PAYMENT IS ON _____ , TUITION FEE OF $2500 AND THE LAST APPLICABLE PAYMENT IS ON _____ , TUITION FEE OF $2500.

I understand that this is a legally binding contract. My signature below certifies that I have read, understood and agreed to my rights and responsibilities and that the institution's cancellation and refund policies have been clearly explained to me.
I also understand that this enrollment agreement is legally binding when signed by the student and accepted by the Cypress Health Institute.

_____
Signature of student Date

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. All materials will be presented to the student at the time of payment. This requirement is not applicable to correspondence or other distance learning programs.

_____ _____
Date of tour or visit Student Signature

I certify that the Cypress Health Institute has met the disclosure requirements of California Postsecondary Education Act of 2009.

_____
Signature, title of school official Date

This agreement is accepted by_____
Signature of school official Date

Schedule of Tuition and Fees

The total cost of the Cypress Health Institute's Certified Massage Therapist 556 Hours – Program is $7500. There is a non-refundable registration fee of $100. which is applied to the total cost of tuition.

Payment schedules:

Students may choose from the following payment options:

1.	Upon enrollment, full payment..	$7500.00
2.	Upon enrollment...	3750.00
	by the end of the fifth week...	3750.00

Financial aid

There is currently no financial aid available for students through the school.
If a student receives a loan from other sources to meet their tuition, then the student is required to repay the full amount of that loan plus interest, less the amount of any refund.
Cypress does not currently, and has never had, a petition in bankruptcy.

Transferability disclosure

The Therapeutic Massage Program is open to all interested persons age 18 or over who are high school graduates or the equivalent. There is no entrance testing requirement. Cypress does not provide English as a second language instruction. Cypress does not offer home study or distance education programs. Cypress does not offer on-line educational programs.
Cypress does not offer any distance education program, not offered in real time.

Cypress does not require uniforms or special protective clothing for students. Cypress offers no in-resident housing and no tutoring.
Students who have completed a course of study at another approved educational institution can apply to transfer credit by supplying Cypress with official transcript documentation from their previous educational institution. Cypress may grant up to 50% transfer credit. Cypress does not have specific transfer agreements with any other institution and charges no fee for processing transcripts from other institutions.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at Cypress Health Institute is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the Massage Therapist Certificate Program 556 hour Program is also at the complete discretion of the institution to which you may seek to transfer. If the 556-hour Massage certificate that you earn at this institution is not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason, you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may want to transfer after attending the Cypress

Health Institute to determine if your Massage Therapist Certificate Program 556 hour Program will transfer.

There is a $25 fee for sending Cypress transcripts to other institutions.

Information disclosure

Prior to signing this enrollment agreement, you must be given a catalog 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 rate, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

Student's initials _____ date _____

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, 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.

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 1747 North Market, Suite 225 Sacramento, CA 95834, www.bppe.ca.gov , phone (916) 574-8900/ toll free (888) 370-7589/ fax (916) 263-1897.
A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling ((888) 370-7589) or by completing a complaint form, which can be obtained on the bureau's Internet Web site www.bppe.ca.gov .

Student Tuition Recovery Fund

"The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition. You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program."

CONFIDENTIAL STUDENT APPLICATION FORM

Name:_____Date_____

Address_____City_____Zip_____

Email _____

Telephone: work:_____home:_____

Occupation_____Education_____
If unemployed identify source of tuition funding:_____
Are you presently under the care of a physician?_____
Name of physician_____Telephone_____
Are you presently on medication?_____
Type of medication?_____How long?_____
Have you been hospitalized in the past twelve months?_____
Are you presently pregnant?_____Length of pregnancy?_____
Have you received treatment from a substance recovery program within the past twelve months?_____ Length of treatment_____
Is your current life situation (both work and personal):
mildly stressful_____moderately stressful_____severely stressful_____
Would you say your overall self image is:
poor_____good_____excellent_____
Any serious or chronic injuries?_____

Please indicate any present or severe history with the following symptoms:

asthma	_____	anxiety	_____	high blood pressure	_____
ulcers	_____	diabetes	_____	suicidal tendencies	_____
alcoholism	_____	seizures	_____	hallucinations	_____
black outs	_____	phobias	_____	nervous tension	_____

Name and number of closest relative to be called in case of an emergency?
Name_____telephone_____

Referred by_____