



Body Therapy Center

Application for Admission & Enrollment Agreement

2940 Webster Street, Oakland, CA 94609

www.mckinnonmassage.com

(510)465-3488

Please print the following information,

Fill out all questions and return as soon as completed:

Your Name: _____ Date: _____
(as you would like it to appear on your certificate)

Address: _____ City: _____

State: _____ Zip: _____ Last 4 digits of social security# _____

Phone Number: _____ Email: _____ D.O.B. _____

Driver's License # (ID-OK) _____

Education:

Graduated High School/Equivalent (Y/N) **If you are enrolling in 250, 500 or 1000 hour programs we will need a copy of your High School Diploma.**

Name of School: _____ Year of Graduation: _____

How did you hear about McKinnon BTC? _____

What attracted you to our program? _____

Total number of hours interested in completing: _____

Program/Courses of interest: _____

Are you interested in using this education toward a full/part-time career or for personal growth? _____

Please describe your history of receiving bodywork. List any noteworthy experiences in detail and tell us how they affected you. _____

Medical:

Part of your learning in class will be related to massage contraindications. We require the following medical history information to insure your safety when you receive massage in class.

Please mark any and all of the following that apply to you, giving dates/timeframes and other important details.

contagious skin condition _____ open sores or wounds _____

asthma _____ joint disorder or artificial joint _____

recent accident/injury _____ osteoporosis _____

current fever or swollen glands _____ epilepsy _____

cancer _____ diabetes _____

high/low blood pressure _____ varicose veins _____

Are you or could you be pregnant? _____ Do you have an IUD? _____

Is there anything you feel we should know about you? (example: vision or hearing impairment)

Please list any other health concerns/problems: _____

Do you take any medications? Please list the medications, how often you take them, and what they are for:

In case of emergency: Contact _____ Phone # _____

Terms and Conditions:

Submitting your enrollment application with tuition constitutes agreement to our refund policy and admissions requirements below. Books are not included in the tuition. If you would like to purchase books, please call the office M-F 510-465-3488 to get the exact price.

Transferability Clause:

The transferability of credits you earn at McKinnon BTC is at the complete discretion of an institution to which you may seek to transfer.

Students Right to Cancel and Receive Refund:

You have the right to cancel your enrollment agreement and obtain a refund of charges paid through attendance at the first class session. You may withdraw from classes and receive a full refund less the non-refundable registration fee prior to the beginning of the first class. Cancellations must be made in writing to Selena Lee 2940 Webster Street, Oakland, CA 94609. Refunds after this point are pro-rated based on the class time that has elapsed.

Admissions Requirements:

Minimum requirements to enroll at McKinnon: persons must be over 18 years of age, be able to communicate in and read basic English, and be able to understand and follow instructions.

Attendance Requirements:

All coursework at McKinnon BTC is based on hours, and it is required by the state that all hours are attended in order to receive credit. Make-up policies are based on how many hours are in the course. Tardiness is considered anything exceeding 15 minutes. All tardiness will accumulate and may result in make-up time. Students may transfer their tuition to another course up to 48 hours before the first day of class for a fee of \$25.

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 web site <http://www.bppe.ca.gov/>.

DISCLOSURE OF POTENTIAL ADVERSE SIDE EFFECTS:

Please be informed that in certain limited circumstances, massage can possibly have adverse side effects for persons with certain physical or mental conditions. The personnel at McKinnon Institute, LLC cannot determine whether you are susceptible to possible adverse side effects. Consequently, if you have been or currently are under the care of a doctor, therapist or medical practitioner of any kind, or if you are concerned that your participation in any class or massage activity may possibly result in an adverse side effect, it is your responsibility to contact your doctor, therapist or medical practitioner and obtain his/her permission to participate in any class offered at the McKinnon Institute, LLC. Your enrollment in any McKinnon Institute, LLC class constitutes your voluntary acceptance of any possible adverse side effect and your full release of the McKinnon Institute, LLC and its personnel from any liability relating thereto.

Student Checklist:

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 (SPFS) relating to completion rates, placement rates, license examination passage rates and salaries or wages prior to signing this agreement.

Catalog _____ Performance Fact Sheet _____ Course Outlines _____ Would you like a copy of this form? _____

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 SPFS. I have signed, initialed and dated the information provided.

Continuing Education:
 Please Initial Here if you plan to only do courses at McKinnon for Continuing Education _____

_____ 100-Hour Swedish	NR Fee \$150	Tuition \$1145	STRF Fee \$2.50	Total \$1297.50
_____ 250-Hour Massage Practitioner	NR Fee \$300	Tuition \$2945	STRF Fee \$5.00	Total \$3250
_____ 500-Hour Massage Therapist	NR Fee \$600	Tuition \$5890	STRF Fee \$15	Total \$6505
_____ 1000-Hour Bodywork Professional	NR Fee \$1200	Tuition \$11780	STRF Fee \$30	Total \$13010

***Prices do not include discounts, fees or books
 STRF Fee is non-refundable***

Payment Method: Cash _____ Check _____ Credit Card _____ Other _____

Option 1-Pay in full to receive discount _____
 Option 2-Pay on or before the first day _____
 Option 3-Pay monthly payments (\$50 fee) _____

TOTAL AMOUNT YOU ARE OBLIGATED TO PAY FOR THE COURSE IS: \$ _____

*The STRF Fee calculated into Total Cost, as specified above, is the State of California Student Tuition Recovery Fund fee. It is a student tuition insurance fee established by the State Legislature and is intended for all students attending private vocational schools. McKinnon is required to collect this fee from students. The fee accumulates at \$2.50 per \$1,000 tuition/registration fees paid. For more information, please contact the Bureau for Private Postsecondary Education at (916)431-6959 or (888)370-7589 or visit their web site at <http://www.bppe.ca.gov/>

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 McKinnon BTC's cancellation policy and refund policy have been clearly explained to me.

Student Name: _____ Student Signature: _____

McKinnon Staff: _____ Date: _____