

Last Name	First Name	Middle Initial	DOB
Mailing Address	City	State	Zip
Email (please print legibly)	Area code & phone		

Period covered by this enrollment agreement. _____ through _____

Program Start Date: _____ Scheduled Completion Date: _____ Total Clock Hours: _____

TUITION: Practitioner: 250 hours: @ \$12/ hour. Therapist &/or HHP: 300 and/or 450 hours @ \$14/ hour \$ _____

NON-REFUNDABLE REGISTRATION FEE: \$10 Vets. \$200 general population.
(50% discount if paid two weeks before start of first course) \$ _____

NON-REFUNDABLE CA STRF FEE: (not applicable at this time. See next page) \$ _____

TEXTBOOKS, EQUIPMENT, EDUCATIONAL MATERIALS, UNIFORMS, SUPPLIES OR INSURANCE: \$ _____

FEES TO TRANSFER CREDITS: \$ _____

OTHER CHARGES OR PAYMENT PLAN FEE: \$ _____

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE \$ _____

ESTIMATED TOTAL CHARGES FOR ENTIRE EDUCATIONAL PROGRAM: \$ _____

TOTAL CHARGES STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT \$ _____ Date Pd: _____ √ \$ cc \$ _____

BALANCE: (Due by the first day of class) **OR** SEE PAYMENT PLAN ATTACHED \$ _____

PAID _____ **BY** √ \$ cc **ON** _____ **REMAINING BALANCE DUE** _____

YOU ARE RESPONSIBLE FOR THIS AMOUNT. THIS AGREEMENT IS BINDING WHEN SIGNED BY THE STUDENT AND/OR HIS OR HER GUARDIAN AND THE SCHOOL'S REPRESENTATIVE.

"If the student obtains a loan to pay for an 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 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."

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 rates, 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.

(INITIAL) _____ "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."

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.

_____/_____
Student Signature / Date

_____/_____
School Representative's Signature / Date

CERTIFICATE OF COMPLETION: Students will receive a certificate of completion when the following conditions are met:

- 100% attendance. All absences must be made up via the following options: attend makeup class(s) within a subsequent course or clinic, arrange for a private or semi-private tutorial with Instructor (at Instructor's rate). Make-up classes are charged at 50% of current tuition cost; clinics no charge.
- Passing grade on all required written exams and bodywork evaluations within program and option of taking 3 MBLEX prep exams.
- Completion of financial agreements.

"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 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, or PO Box 980818, West Sacramento, CA 95798-0818 www.bppe.ca.gov, Telephone (888) 370-7589 or (916) 431-6959 or by 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 toll-free or by completing a complaint form, which can be obtained on the bureau's internet web site www.bppe.ca.gov."

STUDENT'S RIGHT TO CANCEL: You have the right to cancel this Agreement for a course of instruction including any equipment such as books, materials and supplies or any other goods related to the instruction offered in this Agreement, until midnight of the first day of the first class you attended or the seventh day after enrollment, whichever is later. (DATE) _____

Cancellation shall occur when written notice of cancellation is delivered to the address of the school shown on the reverse side, by mail, hand delivery or telegram. If notice is sent by mail, it is effective when postmarked with postage prepaid. If you cancel this Agreement by the above timeframe the School will refund any money that you paid, less registration fee and any deduction for equipment not returned in good condition, within thirty days after your Notice of Cancellation is received.

WITHDRAWAL FROM COURSE & REFUND POLICY: You have the right to withdraw from a course of instruction at any time. **The institution shall provide a pro rata refund of nonfederal student financial aid program monies paid for institutional charges to students who have completed 60 percent or less of the period of attendance.** If you withdraw from the course after the period allowed for cancellation of the Agreement, which is until midnight of the first business day following the first class you attended, or the seventh day after enrollment, whichever is later, the School will remit a refund less a registration fee, if applicable, not to exceed **\$200.00** within thirty days following your withdrawal. You are obligated to pay only the registration fee, the STRF fee, the educational services rendered at the prorated hourly rate and for unreturned equipment.

IF THE AMOUNT YOU HAVE PAID IS MORE THAN THE AMOUNT THAT YOU OWE FOR THE TIME YOU ATTENDED, THEN A REFUND WILL BE MADE WITHIN THIRTY DAYS OF WITHDRAWAL. IF THE AMOUNT THAT YOU OWE IS MORE THAN THE AMOUNT THAT YOU HAVE ALREADY PAID, THEN YOU WILL HAVE TO MAKE ARRANGEMENTS TO PAY FOR IT.

HYPOTHETICAL REFUND EXAMPLE: Assume that a student, upon enrollment in a 400 hour program, pays the full tuition of \$2,000, \$100 for non-refundable registration and \$150 for equipment as specified in the Enrollment Agreement and withdraws after completing 100 hours without returning the equipment he/she obtained. The pro rata refund to the student would be \$1,500 based upon the above calculations. If the student returns equipment in good condition within thirty [30] days following his/her withdrawal, the School shall refund the charge for the equipment paid by the student.

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.

Program Registration Fees: Program registration fees versus individual course registration fees are based on commitment to stay enrolled in program courses chosen at time of enrollment. If a student changes an original course choice the school needs a minimum of a two week notice of program change. Otherwise an additional fee of 10% of individual course tuition, maximum \$50, will be charged for dropped course.

If SBBTI is extending credit to the student for this educational program this shall cause any note, instrument or other evidence of indebtedness taken in connection with that extension of credit to be marked with the following:

"NOTICE: You may assert against the holder of the promissory note you signed in order to finance the cost of the educational program all of the claims and defenses that you could assert against this institution, up to the amount you have already paid under the promissory note."

STUDENT TUITION RECOVERY FUND (STRF):

"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."

If you have any questions, complaints or problems which you cannot work out with the school and for any questions regarding the STRF, write or call the State of California Department of Consumer Affairs, Bureau for Private Postsecondary Education, 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, fax (916) 263-1897 or (888) 370-7589

"NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION"

"The transferability of credits you earn at the Santa Barbara Body Therapy Institute is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in the Holistic Health Practitioner Program is also at the complete discretion of the institution to which you may seek to transfer. If the hours or certificates that you earn at this institution are 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 seek to transfer after attending the Santa Barbara Body Therapy Institute to determine if your credits or certificates will transfer."

An enrollment agreement shall be written in language that is easily understood. If English is not the student's primary language, and the student is unable to understand the terms and conditions of the enrollment agreement, the student shall have the right to obtain a clear explanation of the terms and conditions and all cancellation and refund policies in his or her primary language.

If the recruitment leading to enrollment was conducted in a language other than English, the enrollment agreement, disclosures, and statements shall be in that language

I understand 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.

Student's Signature

Date

CAMTC NOTIFICATIONS: Attendance and/or graduation from a California Massage Therapy Council approved school does not guarantee certification by CAMTC. Applicants for certification shall meet all requirements as listed in California Business and Professions Code sections 4600 et. seq.

A student or any member of the public with questions that have not been satisfactorily answered by the school or who would like to file a complaint about this school may contact the California Massage Therapy Council at : One Capitol Mall, Suite 800, Sacramento, CA 95814. www.camtc.org, phone 916-669-5336 or fax 916-669-5337.

ATTACH COPY OF A CURRENT VALID GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION

SANTA BARBARA BODY THERAPY INSTITUTE

516 N. QUARANTINA ST. SANTA BARBARA, CA 93103 (805) 966-5802 www.sbbti.com

PAYMENT PLAN: LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

FOR THE FOLLOWING PROGRAM OR COURSE _____ TOTAL HOURS _____

BALANCE TOTAL CHARGES OWED AS OF: _____ is \$ _____ plus or includes (circle one) payment plan fees \$ _____*

INTENDED PAYMENT PLAN IS: \$ _____ per week/month for _____ weeks/months

FIRST PAYMENT IS DUE ON: _____ **SUBSEQUENT PAYMENTS ARE DUE ON THE:** _____ of each

week/month thereafter and **LAST PAYMENT IS DUE ON:** _____ for a **BALANCE OF:** \$ _____
(circle one) Date

***Please note: An additional service fee of \$20 is charged for each month until paid in full. This would be a total of \$100 for a payment plan of 5 months. I.E: THE MONTHLY AMOUNT TO PAY WILL BE THE TUITION PORTION PLUS \$20 MONTH SERVICE FEE. THUS IF INTENDED PLAN FOR TUITION PAYMENT IS \$320 THEN \$340 NEEDS TO BE PAID PER MONTH.**

These above amounts are only for the current balance owed. Any further tuition or purchases will change the balance due and the length and amount of payments and require a revised and initialed plan form. Agreed upon monthly payments normally need to be consistent with monthly attendance with final payment made by the time of completion of course or program. i.e.; attending classes twice a week is usually comparable to approximately \$400 per month. If this is infeasible for student, a longer termed smaller monthly payment must receive the approval of the school director.

If changes are made in curriculum and cost, amount will be adjusted to reflect changes. Final monthly charge will usually, but not always, be less than regular monthly scheduled amount. Changes require initials from both staff and client. This form will be shredded once all charges have been paid.

NOTICE: "You may assert against the holder of the promissory note you signed in order to finance the cost of the educational program all of the claims and defenses that you could assert against this institution, up to the amount you have already paid under the promissory note."

Optional Authorization To Charge Credit Card

I authorize Santa Barbara Body Therapy Institute to charge the above referenced credit card number automatically on the

_____ of each month starting on _____ and to apply said charge toward the payment of my
Day Date

course/program(s): _____
name of program or course

Said charge authorization is to be in the amount of \$ _____ for the following _____ weeks/months until the above
(circle one)

financial agreement with the Santa Barbara Body Therapy Institute has been paid in full.

The current end date for this agreement is _____.

I understand that it is my obligation to immediately notify Santa Barbara Body Therapy Institute immediately, in writing, any changes in Credit card expiration date or Credit card number and information. If for any reason my authorized credit card is declined or charges denied or charges cancelled, I shall be immediately responsible to pay Santa Barbara Body Therapy Institute any and all charges they may occur on their merchant account due to these above mentioned reasons.

Student print name _____ Student signature _____

Signature of School Representative _____ date _____/_____/_____

CREDIT CARD #: _____

Expiration Date: _____ **CVV2:** _____ (3 digits on back) **Billing Zip Code:** _____

PAYMENT PLAN CHANGES

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

CHANGES TO PROGRAM If changes are made in curriculum and cost, amount will be adjusted to reflect changes. Final monthly charge will usually, but not always, be less than regular monthly scheduled amount. Changes require initials from both staff and client. This form will be shredded once all charges have been paid.

CURRENT BALANCE OF TUITION OWED AS OF: _____ is \$ _____

NAME OF PROGRAM OR COURSE: _____ ADD OR REMOVE Hours _____

ADDITION TO CURRENT BALANCE as of this date _____ is \$ _____

NEW PAYMENT PLAN IS: \$ _____ per week or month (circle one) for _____ weeks or months (circle one)

NEXT PAYMENT IS DUE ON THIS DATE: _____. SUBSEQUENT PAYMENTS ARE DUE ON THE: ____ of each week OR month (circle one) thereafter and LAST PAYMENT IS DUE ON THIS DATE: _____ for BALANCE OF: \$ _____

Signature of Student

Date

Signature of School Representative

Date