

Ocean County Massage Institute LLC

448 Lakehurst Rd. Suite 2A
Toms River, NJ 08755
Phone 732-286-0599

STUDENT ENROLLMENT/REGISTRATION CONTRACT

Name: _____ Social Security Number: _____

Address: _____ Telephone Number: _____

Date of Birth _____ Email Address: _____

I would like to submit this application for enrollment in the 600 hour Massage Certification course. I understand that classes for this course will commence on _____, 20____. The course is scheduled from _____ providing a total of 6 instructional hours per diem. The course syllabus will follow the outline and procedures described in the school's current bulletin. Upon satisfactory completion of this course I will receive a Certificate of Achievement from the school.

There is a non-refundable registration fee of \$100.00. PLEASE ENCLOSE THIS FEE WITH THIS FORM.

The tuition for this course is \$5400.00 payable in 6 installments of \$900.00 each to be paid the first Monday of each month and a final payment at the last class date. In addition, I understand that I will need to purchase books at \$200.00 - due on or before the first day of class. I may purchase my own books however I chose to do so.

Books will be paid (up to \$200) by the school if payment of the \$5400.00 tuition is paid in full one week prior to start of class.

In the event of withdrawal by the student or termination by the school, the school will retain the application and registration fees and a pro-rata portion of the tuition based upon the number of weeks of scheduled instruction with attendance for any part of a week considered a full week. The director of the school must be notified in writing within five business days of the date of my intent to withdraw.

I agree to maintain regular attendance and to abide by the rules and regulations of the school. I understand that regular attendance is my obligation and that the school policy regarding absence and make-up as stated in the school bulletin will apply. Violation of school rules and regulations may subject me to dismissal.

I acknowledge receiving a copy of this agreement and a copy of the school bulletin.

THIS AGREEMENT IS NOT BINDING UNTIL THREE (3) BUSINESS DAYS AFTER SIGNING BY BOTH PARTIES.

The student and the school will retain a copy of this agreement.

APPROVED:

(SCHOOL DIRECTOR'S SIGNATURE)

(APPLICANT'S SIGNATURE)

Date: _____

Date: _____

REGISTRATION FEE PAID: _____

CASH _____ CHECK _____ CREDIT _____ OTHER _____