

Ocean County Massage Institute LLC

226 Rt37W Suite 6 Toms River, N.J. 08755
732-286-0599

STUDENT ENROLLMENT/REGISTRATION CONTRACT (6) MONTH COURSE
(Please retain a copy for your records)

Name: _____ S.S.# _____

Address _____ Telephone #(____) _____

_____ Birth date _____

E-Mail _____

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 _____ 2009. 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 if need be, each to be paid on date designated by director every month on _____ and final payment before the final exam. In addition, I understand that I will need to purchase books at \$200.00- due on or before the first day of class.

Books will be paid (up to \$200.00) by the school if payment of the \$5400.00 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 # 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.

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

APPROVED: _____ Date: _____ Fee Paid: _____
(School Director's signature) cash _____

_____ Date: _____ credit _____
(Applicant's signature) other _____