

**KAMANA ACADEMY**

**Enrollment Agreement January 1, 2017 to December 31, 2017**

***Massage Therapy Program***

**FILL IN ENROLLMENT INFORMATION**

I hereby apply for admission to Kamana Academy. This enrollment agreement is a legally binding agreement once signed by the student and accepted by the institution.

First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HomePhone \_\_\_\_\_ CellPhone \_\_\_\_\_ EmailAddress: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of Person to contact in case of emergency \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of High School (or issuing agency) \_\_\_\_\_

Month/Year of Graduation \_\_\_\_\_

Address of High School or Agency \_\_\_\_\_

Other College attended? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate highest degree attained: \_\_\_\_\_ Associate \_\_\_\_\_ Bachelor \_\_\_\_\_ Master

Schedule Start Date \_\_\_\_\_ Schedule Completion Date \_\_\_\_\_

Copy of a current valid government issued photographic identification.

**MESSAGE THERAPY-500 CLOCK HOURS PROGRAM:**

[ N/A ] Full-Time (8 hr./day, 5 days/week)

[     ] Part-Time (4hr/day, 5days/week) indicate time preference: Morning (9am.-1:30pm.)

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## TERMS AND CONDITIONS

### LOCATION AND CONTACT INFORMATION

**(All classes will be held at this location)**

Kamana Academy  
4280 Lincoln Blvd.  
Marina Del Rey, CA 90292  
Admission Office Phone: (310) 918-9390  
[www.kamanaacademy.com](http://www.kamanaacademy.com)

### INSTRUCTION LANGUAGE

Instruction is provided only in English. All written materials and lectures are conducted in English. At this time, the institution does not provide English language services.

A student has the right to obtain a clear explanation of the terms and conditions and all cancellation and refund policies in his or her primary language in case English is not his or her primary language and the student is unable to understand the terms and conditions of the enrollment agreement. A prospective student shall receive the enrollment agreement, disclosure and statements in the same language recruitment is conducted in.

### GRADUATION REQUIREMENTS

Graduation requirement for the Massage Therapy Program

1. Completion of all appropriate courses (500 total hours).
2. Completion of all modules and required courses must be all passed with 70/100 or GPA 2.0 passing grade at least.
3. Student shall successfully complete all tests in each of the modules and pass an instructor monitored practical exam demonstrating competence in the application of therapeutic massage techniques. The practical exam will consist in a random request of 1 or 2 techniques learned during the duration of the program. The student must be able to demonstrate the acquired skills.
4. Confirmation that all school loaned materials and equipment have been returned and/or replaced.
5. All financial obligations satisfied, with clearance through grad out for the program at the admission office.
6. Completion signed of Petition to Graduate form.

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

“The transferability of credits you earn at Kamana Academy is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate(s) you earn in Massage Therapy Program is also at the complete discretion of the institution to which you may seek to transfer. If the Massage Therapy certificate(s) 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 Kamana Academy to determine if your Massage Therapy certificate(s) will transfer.”

Currently Kamana Academy has not entered into an articulation or transfer agreement with any other college or university.

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**CANCELLATION, WITHDRAWAL AND REFUND POLICY**

**Date by which the student must exercise his/her right to cancel or withdraw \_\_\_\_\_**

**STUDENT'S RIGHT TO CANCEL:**

A student has the right to cancel this enrollment agreement and obtain a refund of charges paid. This option is available through attendance at the first class session, or the seventh day after enrollment, whichever is later. A notice of cancellation shall be in writing and given to the institution's representative, ie the owner or the administrator. If none is available the notice of withdraw can be given to the instructor. Student withdrawal may be caused by the student's written notice or by the student's conduct, including, but not necessarily limited to, a student's lack of attendance. In the event of cancellation, a written confirmation will be provided to student. The withdrawal will be considered effective on the date received by upon the institution.

In the event of cancellation, the student is financially obligated to the institution according to the following:

- (a) If the cancellation occurs with seven days after the date of enrollment, or before the first schedule class session (whichever is later) the institution shall refund 100% of the amount paid for institutional charges, minus the \$250 non-refundable application fee.
- (b) If withdrawal or termination occurs before the completion of 60% of the total class hours (60% of 500 hours=300 hours), the student shall be entitled to a prorated refund of tuition. The institution may retain book, materials and equipment fees, and any other legitimate charges owned by the student. The institution shall pay or credit refunds within 45 days of a student's cancellation or withdrawal.
- (c) If withdrawal or termination occurs after completion of 60 percent of the total class hours, the student shall be obligated for the tuition charged for the entire program (the student shall not be entitled to any refund.)

The term "tuition" refers to the charges for instruction. Tuition does not include the \$250 application fee or other non refundable identified program fees. A refund for materials costs (ie. Books, lab supplies or kits, etc) will be issued only if the cancellation occurs with seven days after the date of enrollment, or before the first schedule class session. Thereafter no refund shall be issued for material costs. When a cancellation, withdrawal, or termination occurs, a calculation of all allowable charges shall be made within 45 days,

If the institute has received total payments greater than its allowable charges:

- (a) After the date termination of such cancellation, withdrawal or termination a written statement allowable charges and total payments received shall be delivered to the student by institute, together with a refund equal in amount to dollar amount paid to the institute in excess of those allowable charges.
- (b) If the student has received federal student aid funds, the student is entitled to a refund of money not paid from federal student financial aid program funds. If the student has received funds from other assistance program(s), including student loan programs, regulations governing refund notification and awarding within respective program(s) shall prevail, but only with respect to the covered portion thereof.

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- (c) In the event of payments to a student account are delivered from a sponsoring public agency, private agency, or any other source other than the student, the statement of charges and payments received together with an appropriate refund maybe delivered instead to such as party (ies) in interest, but only with respect to the covered portions thereof.  
In the unfortunate case of a disabling illness or accident, death in the immediate family or other circumstances beyond the student's control that causes the student to leave school, the institution shall arranged a prorated tuition settlement that is reasonable and fair to both parties.

### **FINANCIAL AID AND LOAN**

The school does not participate in any form of financial aid.

If a 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, and that, if the student has received federal student financial aid funds, the student is entitled to a refund of the moneys not paid from federal student financial aid program funds.

If the student defaults on federal or state 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 financial assistance at another institution until the loan is repaid.

### **LICENSING**

Attendance and/or graduation from 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.

Kamana Academy does not guarantee licensing to anyone. If a student desires to be licensed, a clean background check and application with certificates from a State Approved School ([www.dca.ca.gov/bppe](http://www.dca.ca.gov/bppe)) must be sent to California Massage Therapy Council for approval licensing CAMTC ([www.camtc.org](http://www.camtc.org))

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 P.O. Box 980818, West Sacramento, CA 95798-0818, website: [www.bppe.ca.gov](http://www.bppe.ca.gov) Tel: (888) 370-7589 or by fax: (916) 263-1897, (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 Post secondary 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](http://www.bppe.ca.gov).

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 the school may contact the California Massage Therapy Council at: One Capitol Mall, Suite 320, Sacramento, CA 95814, [www.camtc.org](http://www.camtc.org), phone (916) 669-5336, or fax (916) 669-5337

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**Massage Therapy Program**

**TUITION AND FEE**

**Effective for program starting in 2017. The period covered by the enrollment agreement equals the program start date and the scheduled completion date.**

Program	Program Length	Credit Unit	Tuition	Books and Lab Supplies or Kits (Non-refundable)	STRF (Non-refundable)	Application fee (Non-refundable)	Total (estimated)
Massage Therapy 500 hours*part-time (9am-1:30pm)	Approx. 26 weeks	50	\$4430.9	\$316.10	\$0.00	\$250.00	\$4997.00
Massage Therapy 500 hours *Full-time (8am-12pm; 12:30pm-4.30pm)	Approx. 13 weeks	50	\$4430.9	\$316.10	\$0.00	\$250.00	\$4997.00

**Itemized Schedule of Charges (For the entire program):**

<b>Program Charges</b>	
Tuition.....	\$4430.90
STRF Fee .....	\$0.00
Registration Fee (non-refundable).....	\$250.00
<b>Study Kit</b>	
Lab Supplies 1: Linens twin set (taxes are not included).....	\$25.00
Lab Supplies 2: Two (8 ounces) bottles of lotion and oil (taxes are not included).....	\$25.00
Textbooks (taxes are not included).....	\$210.00
Uniform (taxes are not included).....	\$30.00
Total Tax Approximately (9%) .....	\$26.10
<b>TOTAL PROGRAM CHARGES (AT NO DISCOUNT)</b> .....	<b>\$4997.00</b>

Note: No grades or documents will be released if there is an outstanding balance. The institution may refuse any type of services to students who have an outstanding balance. The institution may also refuse re-admission to a student who has left the institution with an outstanding balance. All fees are subject to change.

**PAYMENT**

My down payment (Including non-refundable application fee) in the amount of\$\_\_\_\_\_is enclosed.

I am paying by\_\_\_\_\_Check\_\_\_\_\_Credit Card\_\_\_\_\_Bank (debit) Card

My credit/Bank card number (if applicable) is:\_\_\_\_\_Exp. Date\_\_\_\_\_

My signature (only if using a credit or bank card):\_\_\_\_\_Today's Date\_\_\_\_\_

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#### **Student Tuition Recovery Fund (STRF) Disclosures.**

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.

It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, (916) 431-6959 or (888) 370-7589.

To be eligible for STRF, you must be a California resident or enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of noncollection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or a taxpayer identification number.

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Read, Sign Your Name and Today's Date. This Enrollment Agreement is legally binding when signed by the student and accepted by the institution.

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 Sheet relating to completion rates, placement rates, license examination passage rate and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

Student's Initials \_\_\_\_\_ 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 School Performance Fact Sheet, and have signed, initialed, and dated the information provide in the School Performance Fact Sheet.

1. TOTAL CHARGES FOR CURRENT PERIOD OF ATTENDANCE \_\_\_\_\_

2. ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM \_\_\_\_\_

3. THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT \_\_\_\_\_

I understand all charges. Student's Initials \_\_\_\_\_

"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 polices have been clearly explained to me."

X Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Admission Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Admission Officer(\_\_\_\_\_)

TO BE COMPLETED BY AN ADMISSION OFFICER ONLY - DO NOT COMPLETE THIS AREA

Based on the above date of signing, the student has until \_\_\_\_\_ to cancel this agreement and be given a refund of all charges paid, less a \$250 application fee (see section "CANCELLATION, WITHDRAWAL, AND REFUND POLICY" for details.

Date: \_\_\_\_\_ Accepted by Student: \_\_\_\_\_

Your instruction is schedule to begin on: \_\_\_\_\_

Based on your choice of the (Full time/Part time) schedule, your schedule Class completion will be on: \_\_\_\_\_ +20 Clinical cases

Admission Officer: \_\_\_\_\_