



# Synergy Healing Arts Center & Massage School, Inc.

13593 Monterey Lane, Blue Ridge Summit, PA 17214 717-794-5778 877-372-6617

## FINANCIAL ENROLLMENT AGREEMENT

Due Date \_\_\_\_\_

\_\_\_\_\_, agrees to attend the 624 Hour Diploma Program in  
Massage Therapy. The full program length is 12 months.

Expected Graduation Date \_\_\_\_\_

Successful completion of the 624 Hours will earn the student a **DIPLOMA** and the  
professional status of **MASSAGE PRACTITIONER**. Synergy does not however  
guarantee employment upon Graduation.

### Costs for the 624 Hour Program

Registration Fee.....	\$100.00
Tuition.....	\$7500.00
<b>Supplies &amp; Fees</b>	
Lab Fee.....	\$300.00
Books.....	\$550.00
Supplies.....	\$225.00
Student Liability Insurance.....	\$20.00
First Aid and CPR.....	\$50.00
Total with Fees.....	\$8645.00
Optional Massage Table.....	\$264.00
Total with Fees/Table.....	\$8909.00

### Terms of Payment

Select below the Tuition & Fees payment method

\_\_\_ \$7500.00 Tuition Paid in full at Orientation

\_\_\_ 4 Quarterly Tuition Payments of \$1875.00

\_\_\_ 6 Quarterly Tuition Payments of \$1250.00

With an optional tuition downpayment:

\_\_\_ Downpayment \_\_\_ 4 Quarterly Payments \_\_\_ 6 Quarterly Payments

### Select below the Supplies & Fees Payment Method

½ due with Enrollment Agreement and ½ due at Orientation

\_\_\_ Supplies & Fees with Massage Table..... \$1409.00

\_\_\_ Supplies & Fees without Massage Table..... \$1145.00

Method of Payment \_\_\_ Check/Cash \_\_\_ Visa/Mastercard/Discover/American Expres

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Quarterly payments are due on the date stated on your payment coupon. A 15 day grace period  
is allowed for late payment; however, a \$25 late fee will be added. During this 15-day grace

*period it is the student responsibility to acquire self arranged financing. If payment is not received by the end of the 15 day grace period one is terminated from Synergy and may re-enter according to the policies & procedures for re-admittance explained in the Student Handbook when solid financial arrangements have been secured. One is still responsible for payment of all classes attended during this 15 day grace period.*

*The starting date of the selected program is \_\_\_\_\_.*

*Delay / Cancellation Policy –*

*Program may be delayed or cancelled due to insufficient enrollments*

*Enrollment Requirement Checklist:*

*The student must submit the following before acceptance can be determined.*

- OFFICIAL High School, College Graduation Transcripts or GED*
- 3 Character Reference Letters*
- Completed Application Form*
- Completed Enrollment Agreement*
- \$100 Registration Fee*
- Personal Interview*

*Also required for admission to the Synergy 624 hour program is completion of one of the following:*

- 1. Completion of the 7 and ½ hour Basic Massage Therapy Course*
- 2. 1 hour Full Body Massage with a Massage Therapist currently practicing at Synergy*
- 3. 1 hour Full Body Massage at Synergy Student or Professional Clinic*
- 4. Proof of Full Body Massage with Certified Massage Therapist*

*Cancellation/Withdrawal Refund Policy for Quarterly, Full and Supply/Fee Payments*

*Registration Fee is totally refundable, if student cancels verbally within five (5) calendar days following registration.*

*After beginning the program, students must submit a written notification of cancellation. The refund is based on the last date of recorded attendance.*

*If a student cancels after the fifth calendar day following the date of enrollment but prior to the beginning of classes all monies paid to the school, except the non-refundable registration fee, will be refunded.*

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*Student is entitled to upon withdrawal/termination*

*After first 7 calendar days*

*After first 7 calendar days but within first 25% of installment period*

*After 25% but within first 50% of installment period*

*After 50% of installment period*

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*Refund*

*75%*

*55%*

*30%*

*No refund*

*Re-admittance Fee*

*A \$100 re-admittance fee will also be charged for returning students.*

*Certification, Licensure and Employment placement upon Graduation is not guaranteed however, certification and licensure training is included in curriculum and job opportunities are posted as they are received by Synergy.*

***Complaint Procedure:***

- 1. Any questions or concerns may be directed to the school executive director, Margaret E. Schaeffer, regarding the school's satisfying the terms of the enrollment agreement.*
- 2. The school is licensed by the Board. Questions or concerns that are not satisfactorily resolved by the person designated above or by other school officials may be brought to the attention of the State Board of Private Licensed Schools, Pennsylvania Department of Education, 333 Market Street, Harrisburg, PA 17126-0333. Phone number 1-717-783-8228. If a complaint is still not satisfactorily resolved the question or concern may be brought to the attention of the Commission on Massage Therapy Accreditation, 5335 Wisconsin Ave, Suite 440, Washington, D.C. 20015. Phone number 1-202-895-1518.*

*This agreement is not binding until it is accepted by a representative of the school. The student is entitled to an exact copy of this executed Enrollment Agreement.*

*I, the undersigned, have received, read and understood a copy of the Program Catalog, the Student Handbook and this enrollment agreement and agree to abide by the conditions in these three publications. The Program Catalog and Student Handbook are both a legal part of this Enrollment Agreement.*

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_  
Social Security Number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student Signature

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Synergy President Signature

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***BOOKS AND MATERIALS AGREEMENT***

*I, \_\_\_\_\_, agree to purchase all required textbooks and materials that are listed on the Student Textbook and Supply List.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*For any unpaid accounts, returned checks, or other debts that we have to refer to our Collection Agency we will add 25% collection fee, court costs, and attorney fees to your balance I understand that a consumer report which may contain public records information is being requested due to my need for quarterly financing to enable my attendance to Synergy Healing Arts Center and Massage School professional massage therapy program. I further understand*

*that such a report may contain information concerning my credit, bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records.*

***I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE MENTIONED INFORMATION.***

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Print Address*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

***FINANCIAL AGREEMENT***

*I, \_\_\_\_\_ agree to make all payments, i.e., tuition, books, supplies, etc. for \_\_\_\_\_, a student at Synergy. I have read and agree to all financial arrangements that are listed on this Enrollment Agreement.*

*Responsible Financial Party Signature* \_\_\_\_\_

*Address* \_\_\_\_\_

*Phone* \_\_\_\_\_

*Social Security Number* \_\_\_\_\_

*Date of Birth* \_\_\_\_\_

*Place of Employment* \_\_\_\_\_

*Address* \_\_\_\_\_

*Phone Number* \_\_\_\_\_

*Payee Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

*Student Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

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