

ENERGYTOUCH® SCHOOL OF ADVANCED HEALING

P.O. Box 158, Lowell, MI 49331 - Phone: 616-233-3001 - Email: info@energytouchschool.com

2015/2016 Student Application Form – Year-Two Certification Program

To assure timely processing of your application, please type or print clearly, make sure you answer all questions, and submit copies and photos as requested.

Year-One tuition must be paid in full prior to acceptance of your Year-Two application.

There is No Application Fee for Year-Two

LIMITED CLASS SIZE: Selections for Year Two will be made as applications are received.

Applications postmarked after **June 30** will be considered as space allows.

Year-Two Schedule

Wk 1	Sep	21 - 24
Wk 2	Nov	09 - 12
Wk 3	Jan	18 - 21
Wk 4	Mar	07 - 10
Wk 5	May	16 - 19

Name: _____ **Birth date:** _____
(First) (Middle) (Last) (Month / Day / Year)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: (Include Area Code or Country/City Codes as applicable)

(Home) _____

(Cell) _____

(Work) _____

Email: _____

Anatomy & Physiology Course Complete? Yes No

If no, expected date of completion: _____

Relationship Status:

Single Children: _____

Married

Significant Relationship

Emergency Contact:

Name: _____

Relationship to applicant: _____

Telephone: _____
(Include Area Code or Country/City Codes as applicable)

Anatomy & Physiology Requirement: General understanding of Anatomy & Physiology is required prior to advancement to Year Two. College level, on-line courses, etc., are acceptable. Include a copy of your certificate or other proof of completion.

Health Status: Please list any new health issues that you are receiving treatment for, or changes in past health conditions that were listed on your previous application.

Medications: Please list any medications you are currently taking, and for what condition they are being taken.

Submit the original copy of this application and retain a copy for your personal records.

Include a personal photo taken with the past 6 months with this application.

My signature indicates that the information submitted in this application is true and accurate.

Student Signature: _____ **Date:** _____

You will be notified regarding your acceptance into the EnergyTouch® Certification Program via postal mail.

Therapy and Self Care Requirement

EnergyTouch® training is a time of intense energy transition and learning. This therapy and self care requirement is designed to insure that each student is making a conscious effort to address the additional challenges that often develop during the course of this training, and to facilitate a healthy balance of mental, emotional, and physical health during these times.

1. Professional EnergyTouch® Therapy

Ongoing participation in the EnergyTouch® School of Advanced Healing requires students to complete one (1) Professional EnergyTouch® Therapy session per month with an authorized EnergyTouch® Practitioner. A student rate of \$90.00 per session has been established. The purpose of these monthly EnergyTouch® sessions is to provide a safe setting where students can privately address issues and challenges that arise in the process of their growth. There may be times when students need additional support to process these issues. If this is the case recommendations will be made.

During the second year, September thru May, students are required to have one (1) Professional EnergyTouch® session per month. After successful completion of the second year, students will be required to complete one (1) Professional EnergyTouch® session per month throughout the summer months.

2. Personal Self Care

In addition to the Professional EnergyTouch® Therapy session, students are required to focus their attention on their unique physical needs to facilitate a healthy balance of mental, emotional, and physical health during these times of energy transition. Since students may have different needs at different times the self care requirement could include any other form of self care such as body work, exercise, yoga, martial arts, nutrition, etc.

Satisfactory compliance with the Professional EnergyTouch Therapy and Personal Self Care requirement is required to advance in the EnergyTouch® program.

Please Print Your Name

Date

Please Sign Your Name

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Refund Policy

Tuition fees are refundable, less any bank or credit card fees that have been assessed, if notice of cancellation is received in writing at least 30 days prior to start of the school year. Thereafter, refunds will be handled on a case-by-case basis. Refunds will be returned within 60 days of approval.

Payment Options

Tuition for Year-Two students is \$5,500 and may be made by Check, Money Order (payable to EnergyTouch, Inc.), Credit Card or PayPal. Discount is offered for early full payment. To be enrolled in the EnergyTouch® School of Advanced Healing you must agree to one of the payment options. For further assistance please phone Gary Eldridge at 616-897-8668 or email info@energytouchschool.com.

Tuition Payment Agreement-Please check the appropriate box

Make checks payable to: EnergyTouch, Inc

Mail to: EnergyTouch, PO Box 158, Lowell, MI, 49331-0158

- \$5,250. Payment in Full** - A discount of \$250 is offered if \$5,250 payment is received by **June 30, 2015**.
- \$5,500. Scheduled Payment Plan** - If you are unable to make payment in full we offer the following interest free scheduled payment agreement. Payments may be made by Check or Money Order (payable to EnergyTouch, Inc.), or by Credit Card or PayPal. To accept the scheduled payment plan, please print and sign your name with today's date below.

I understand that by signing below and returning this application I am agreeing to the payment schedule below, which will come into affect upon my acceptance to the EnergyTouch School of Advanced Healing:

Year Two tuition is \$5,500. Scheduled payments are due as follows:

Aug 01, 2015	\$2, 500	Jan 01, 2016	\$ 375
Sep 01, 2015	\$ 375	Feb 01, 2016	\$ 375
Oct 01, 2015	\$ 375	Mar 01, 2016	\$ 375
Nov 01, 2015	\$ 375	Apr 01, 2016	\$ 375
Dec 01, 2015	\$ 375		

Print your name

Signature

Date

Credit Card or PayPal Payment Authorization

If you choose, you may pay using the scheduled Credit Card withdrawal agreement or PayPal service. By checking a Credit Card box and signing below you are authorizing EnergyTouch, Inc. to withdraw funds from your designated Credit Card on the following schedule:

Aug 01, 2015	\$2, 500	Jan 01, 2016	\$ 375
Sep 01, 2015	\$ 375	Feb 01, 2016	\$ 375
Oct 01, 2015	\$ 375	Mar 01, 2016	\$ 375
Nov 01, 2015	\$ 375	Apr 01, 2016	\$ 375
Dec 01, 2015	\$ 375		

Card Type: MasterCard VISA American Express DISCOVER PayPal (use info@energytouchschool.com)

Credit Card Number

Expiration Date MM / YY

Print the name of the Credit Card holder

Signature of Credit Card holder authorizing scheduled withdrawals from this Credit Card on the above schedule

Please make a copy of this application for your records