

# ENERGYTOUCH® SCHOOL OF ADVANCED HEALING

P.O. Box 158, Lowell, MI 49331 - Phone: 616-897-2167 - Email: info@energytouchschool.com

Make all checks payable to: EnergyTouch, Inc. PO Box 158 Lowell, MI 49331

## 2011/2012 Student Application Form – Year-One Certification Program

Please type or print clearly.

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

**APPLICATION FEE:** Your application submission must include a separate, non-refundable check for \$150.

Class size is limited. Students will be selected as applications are received.

No applications postmarked later than **September 1, 2011** will be considered for 2011/2012 School Year.

<b>Name:</b> _____ (First) (Middle) (Last)			<b>Birth date:</b> _____ (Month / Day / Year)		
<b>Address:</b> _____ (Street) (City) (State) (Zip Code)					
<b>Telephone:</b> (Include Area Code or Country/City Codes as applicable) (Home) _____ (Cellular) _____ (Work) _____			<b>Relationship Status:</b> <input type="checkbox"/> Single Children: _____ <input type="checkbox"/> Married <input type="checkbox"/> Significant Relationship		
<b>Email:</b> _____			<b>Emergency Contact:</b> Name: _____ Relationship to applicant: _____		
<b>Current Occupation:</b> _____			Telephone: (Include Area Code or Country/City Codes as applicable) (Home) _____ (Cellular) _____ (Work) _____		
<b>Advanced Energy Training Program(s):</b> _____ _____					
<b>Include a copy of any diploma(s)/certificate(s) with this application</b>					

**Educational Status:** Please list all education, training, certifications, and degrees - If using abbreviations for degrees or certifications, please include description that explains the abbreviation (It is highly recommended that you complete any current training you may be receiving prior to enrollment in the EnergyTouch® School of Advanced Healing).

_____	_____
_____	_____
_____	_____
_____	_____

**Health Status:** Please list any current or past health issues you have received treatment for.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

_____	_____
_____	_____
_____	_____



## 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 the student to complete two (2) Professional EnergyTouch® Therapy sessions per month with an authorized EnergyTouch® Practitioner. (See attached list) A student rate of \$90.00 per session has been established. The purpose of these monthly EnergyTouch® sessions is to provide a setting where the student can privately address personal issues and challenges that arise in the process of their growth. There may be times when a student needs more support to process issues that are coming up, and to facilitate that, recommendations will be made.

During the first year, September thru May, first year students are required to have two (2) Professional EnergyTouch® sessions per month after successful completion of the first year, students will only be required to complete one (1) Professional EnergyTouch® session per month throughout the summer months and during the second year, unless special needs arise. New students are encouraged to begin sessions as soon as possible.

### 2. Personal Self Care

In addition to the Professional EnergyTouch® Therapy session, the student is 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 the student 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.

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

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Please Print Your Name

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Date

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Please Sign Your Name

## Payment Options

Tuition for 2011/2012 Year-One students is \$5,500 and may be made by Check, Money Order (payable to EnergyTouch, Inc.), or Credit Card. Discount is offered for early full payment. Please indicate your choice of payments by  checking a box below. To be enrolled in the EnergyTouch<sup>®</sup> School of Advanced Healing you must agree to one of the following payment options. For further assistance please phone Gary Eldridge at 616/897-8668 or email info@energytouchschool.com.

## Refund Policy

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

### Tuition Payment Agreement – Please check the appropriate box

Make all checks payable to: EnergyTouch, Inc  
Mail to: PO Box 158, Lowell, MI 49331

- \$5,250.** A discount of \$250 is offered if \$5,250 payment is received in full by **June 30, 2011**.
- \$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. 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 with a separate, nonrefundable deposit check for \$150 I am agreeing to the payment schedule below, which will come into affect upon my acceptance to the EnergyTouch School of Advanced Healing:**

2011/2012 Year-One tuition is \$5,500. Scheduled payments are due as follows:

<b>Sep 01, 2011</b> <b>\$2, 500</b>	
<b>Oct 15, 2011</b> <b>\$ 500</b>	<b>Jan 15, 2012</b> <b>\$ 500</b>
<b>Nov 15, 2011</b> <b>\$ 500</b>	<b>Feb 15, 2012</b> <b>\$ 500</b>
<b>Dec 15, 2011</b> <b>\$ 500</b>	<b>Mar 15, 2012</b> <b>\$ 500</b>

Print your name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**be sure to include your nonrefundable deposit check for \$150**

### Credit Card Payment Authorization

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

<b>Sep 01, 2011</b> <b>\$2, 500</b>	
<b>Oct 15, 2011</b> <b>\$ 500</b>	<b>Jan 15, 2012</b> <b>\$ 500</b>
<b>Nov 15, 2011</b> <b>\$ 500</b>	<b>Feb 15, 2012</b> <b>\$ 500</b>
<b>Dec 15, 2011</b> <b>\$ 500</b>	<b>Mar 15, 2012</b> <b>\$ 500</b>

Credit Card Type:     MasterCard     VISA     American Express     DISCOVER

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. \_\_\_\_\_