STEPS TO ENROLL IN A MASSAGE PROGRAM AT
THE ELIZABETH GRADY SCHOOL

1. _____ Tour and Interview: Call 781-960-0123 to schedule a time.

The required enrollment documents listed below, numbers 2, 3, 5, & 6 are included on the following pages. You may print, complete, and bring with you to your interview or the school can provide you hard copies at the time of your interview. You also may mail, fax, or scan and email to the school.

Mailing Address: Elizabeth Grady School, 222 Boston Avenue, Medford, MA 02155 att: Admissions

Fax Number: 781-391-4772

Email: admissions@elizabethgrady.com

2. _____ Application for Enrollment.

3. _____ Enrollment Agreement Contract.

4. _____ Deposit: Submit your Application, Contract, and Deposit of $500.00 to reserve your seat. Students who are fully loan and grant eligible may receive a reduction in the amount of the deposit. Please inquire with Financial Aid to learn more. The deposit may be paid by check, money order, Mastercard, or Visa. Credit card payment can be made over the phone by contacting Mary at 781-960-0129.

5. _____ Questions to Consider: Read and sign the Questions to Consider document. Please ask an Admissions representative if you have any questions regarding the considerations listed.

6. _____ Medical Documentation: Schedule an appointment with your physician for TB (tuberculosis) test. This test can be performed by your general practitioner or at a walk-in clinic such as the CVS Minute Clinic. Submit results prior to the first day of class.

7. _____ Photo Identification: Provide a photocopy of your state issued driver’s license, I.D., or passport. Further identification to support citizenship or eligibility may be required. A valid Alien Registration Card is required for all eligible non-citizens and an M-1 Visa is required for all ineligible non-citizens.

8. _____ Proof of Education: Provide a copy of high school diploma, college diploma, GED, or official transcripts. If you were educated in another country, please make sure that your diploma is translated and notarized. If you are unable to locate your diploma, please contact your high school to obtain and official copy of your transcript, which must include the school seal and be unopened or mailed directly from the school to Elizabeth Grady.

9. _____ Complementary Field of Study Discounts: If you retain a license or certificate in the healing arts, wellness, or beauty fields (ie: CAN, LPN, RN, MT, electrologist, cosmetologist, etc…) please provide proof of education and/or license to receive a $250.00 tuition discount.
MASSAGE THERAPY ENROLLMENT APPLICATION- 2014

Name:___________________________________  Social Security No. Last four digits: __________

Date of Birth:____________________________ Email Address:____________________________________

Home Phone #:_________________________ Cell Phone #:________________________ Work Phone #:________________________

Complete Address______________________________________________________________________________

                  Street Address                      State                        Zip Code

U.S Citizenship Status (Check one and list ID number if applicable):

_____Citizen/National  ____Eligible non-citizen  Alien I.D. # ______________________Exp._________

Enrolling in:

_____ 750 Hour Day Therapeutic Massage and Spa Therapies, Monday through Friday
9:00 – 4:00 p.m.

_____ 650 Hour Day Therapeutic Massage and Spa Therapies, Monday through Friday
9:00 – 4:00 p.m.

_____ 750 Hour Day Therapeutic Massage and Spa Therapies, Monday through Friday
9:30 – 1:30 p.m.

_____ 650 Evening/Saturday Therapeutic Massage, Monday, Tuesday, Wednesday
 evenings 6:30- 9:30 p.m.  and Saturdays, 9:00-3:30

Start Date:_____________________ End Date:____________________

Are you applying for Financial Aid (Student Loans or Pell Grant)? Yes_____No_______

Would you like a payment plan on the school balance?        Yes_____ No_______

Uniform size: Top (XS, S, M, L, XL) ______  Pant Size (XS, S, M, L, XL) ______  Height_______

EDUCATION

______________________________________________________________________

High School                      Address                           Year
Graduated

______________________________________________________________________

College/Other Education          Address                           Year
Graduated


EMPLOYMENT

Present Employer

Address

Phone

Dates: From/To

MEDICAL INFORMATION

1. Please list all allergies, sight or hearing problems, learning disabilities, medical conditions including pregnancy, and prescription medications.

___________________________________________________

___________________________________________________

2. Emergency contact:

Name

Street Address

City/State/Zip

Home & Cell Phone

Numbers

Please answer the following questions:

1. How did you first learn or become interested in the Elizabeth Grady School?

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

2. Will you devote adequate time to your studies if you are accepted? Yes No

3. In your own handwriting, tell us what most interests you about a career in the field of Massage Therapy? (Minimum 75 words)

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

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___________________________________________________

___________________________________________________

___________________________________________________

4. In your own handwriting, please describe below why you wish to be accepted to the Elizabeth Grady School of Massage Therapy. (Minimum 20 words)

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________
Please sign and date this enrollment application and submit with your tuition deposit and Enrollment Agreement Contract. Additionally, the following items are requirements for admission and must be submitted prior to your first day of class:

- Copy of High School or College Diploma, GED, or Official Transcript
- Photo ID (State Government issued I.D., Driver’s License, or Passport) with proof of age
- Medical release documentation (TB results)
- Proof of citizenship or Student Visa if non-citizen
- IPEDS questionnaire

Student Signature: ___________________________ Date: _____________________

School Administrator __________________________ Date: _____________________

Revised 01/2015

Elizabeth Grady School of Esthetics and Massage Therapy
222 Boston Avenue
Medford, MA 02155
Phone 781-960-0123 Fax 781-391-4772
www.elizabethgrady.edu
ELIZABETH GRADY
SCHOOL OF ESTHETICS AND MASSAGE THERAPY
222 Boston Avenue  Medford, MA  02155

MASSAGE THERAPY ENROLLMENT AGREEMENT CONTRACT

STUDENT NAME:__________________________________________________________________________

ADDRESS (CITY/STATE/ZIP):________________________________________________________________

EMAIL:________________________ PHONE:____________________________________________________

DATE PROGRAM BEGINS: ____/____/____          ENDS: ____/____/____

PROGRAM OR COURSE

<table>
<thead>
<tr>
<th>Program</th>
<th>Hours Required</th>
<th>Weekly Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massage Therapy Day (750 Hour)</td>
<td>40 wks</td>
<td>20 per week</td>
</tr>
<tr>
<td>Massage Therapy Day (750 Hour)</td>
<td>25 wks</td>
<td>30 per week</td>
</tr>
<tr>
<td>Massage Therapy Eve (750 Hour)</td>
<td>63 wks</td>
<td>12 per week</td>
</tr>
<tr>
<td>Massage Therapy (650 Hour)</td>
<td>22 wks</td>
<td>30 per week</td>
</tr>
<tr>
<td>Massage Therapy (650 Hour)</td>
<td>52 wks</td>
<td>12 per week</td>
</tr>
</tbody>
</table>

CLOCK HOURS: ______

ENTRANCE REQUIREMENTS FOR ALL PROGRAMS LISTED ABOVE:

- High School Diploma/GED
- TB Test within 12 months of start date with supportive documentation
- Photo Id with proof of age (must be at least 17 years of Age)
- Interview with admissions representative
- International students must provide Proof of Residency Status
- A valid alien registration card is required for all eligible non-citizens

PERIOD BEYOND WHICH LATE REGISTRATION WILL NOT BE ACCEPTED:

- Second day of respective program

STUDENT’S METHOD OF PAYMENT

<table>
<thead>
<tr>
<th></th>
<th>CASH</th>
<th>CHECK</th>
<th>SCHOOL PAYMENT PLAN</th>
<th>PRIVATE STUDENT LOAN</th>
<th>FEDERAL OR STATE STUDENT LOAN</th>
<th>CREDIT CARD</th>
<th>OTHER</th>
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</table>

650 HOUR PROGRAM

<table>
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<tr>
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<th>750 HOUR PROGRAM</th>
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<tbody>
<tr>
<td>TUITION FEE</td>
<td>$9,350</td>
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<td>TUITION FEE</td>
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<tr>
<td>UNIFORMS</td>
<td>$100</td>
<td></td>
<td>UNIFORMS</td>
</tr>
<tr>
<td>TEXT MATERIALS</td>
<td>$500</td>
<td></td>
<td>TEXT MATERIALS</td>
</tr>
<tr>
<td>SUPPLIES</td>
<td>$500</td>
<td></td>
<td>SUPPLIES</td>
</tr>
<tr>
<td>ADMINISTRATIVE FEE</td>
<td>$50</td>
<td></td>
<td>ADMINISTRATIVE FEE</td>
</tr>
<tr>
<td>TOTAL CHARGES</td>
<td>$10,500</td>
<td></td>
<td>TOTAL CHARGES</td>
</tr>
</tbody>
</table>

| DISCOUNTS*     |       | DISCOUNTS*       |       |
| ADJUSTED TOTAL CHARGES |       | ADJUSTED TOTAL CHARGES |

*EXPLANATION OF DISCOUNTS: ________________________________
**ESTIMATE** of **ADDITIONAL EXPENSES TO BE INCURRED BY MASSAGE STUDENT:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE RUBBER SOLED SHOES</td>
<td>$40</td>
</tr>
<tr>
<td>SUPPLIES (PENS, PAPER, COMBINATION LOCK)</td>
<td>$10</td>
</tr>
<tr>
<td>MASSAGE TABLE:</td>
<td></td>
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<tr>
<td>New</td>
<td>$250 – 500</td>
</tr>
<tr>
<td>Used (via eBay/Craigslist/etc.)</td>
<td>$100 - 200</td>
</tr>
<tr>
<td>MASSAGE LICENSE FEE</td>
<td>$225</td>
</tr>
<tr>
<td>TRANSCRIPT FEE</td>
<td>$10</td>
</tr>
</tbody>
</table>

**REFUND POLICIES (AS PER M.G.L. CHAPTER 255, SECTION 13K):**

1. You may terminate this agreement at any time.
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program.
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7.
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
7. If you terminate this agreement after the initial five day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day such writing is mailed.
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.

Administrative Costs Equal: $50

**ADDITIONAL REFUND POLICIES FOR STUDENTS WITH FEDERAL LOANS (AS PER USDOE – U.S. DEPARTMENT OF EDUCATION):**

Students receiving assistance from Federal Title IV programs may be subject to a special refund or return to Title IV requirements as of 10/07/2000 per Federal Regulations, provided they have completed less than 60% of the payment period for which aid was or could have been disbursed. Federal regulations require the return of Title IV funds in the following order if applicable; Unsubsidized loans, Subsidized loans, Perkins loans, Plus Loans, Pell Grants, SEOG, or other Title IV. All other monies paid by students are subject to the Commonwealth of Massachusetts’ refund policy.

I have been provided a copy of the school’s catalogue and policies in a manner of my choosing and I am initialing my choice: ___ Hard copy ___ Send via email
Please initial the following:

_____ I understand this contract will not be in force and effect until signed by both myself and a school representative.

_____ I have received a copy of the school’s complaint procedures policy.

_____ I understand the refund policy as stated above.

_____ I understand that coursework and/or credit from this school may not be transferable to other institutions of education and acceptance is at the discretion of the receiving institution.

This school is licensed by the MA Division of Professional Licensure (DPL), Office of Private Occupational School Education, 1000 Washington Street, Suite 710, Boston, MA, 02118. Any comments, questions, or concerns about this school’s license should be directed to occupational.schools@state.ma.us or 617-727-5811.

Student’s Signature: __________________________________________ Date: ______________________

Print Student’s Name: __________________________________________

If the student is under the age of 18, Parent/Guardian: __________________________________________ Date: ______________________

Print Parent/Guardian’s Name: __________________________________________

School Official’s Signature: __________________________________________ Date: ______________________

Print School Official’s Name: __________________________________________

I, the student, have received a completed and signed copy of this agreement on date: _____________ (student’s initials)

Revised 01/2015

Elizabeth Grady School of Esthetics and Massage Therapy
222 Boston Avenue
Medford, MA 02155
Phone 1-800-FACIALS Fax 781-391-4772
www.elizabethgrady.edu
QUESTIONS FOR MASSAGE THERAPY STUDENTS TO CONSIDER

The massage therapy profession offers both personal and professional rewards with a variety of career options. It is important for us, your educators and advisors, for you to have considered the expectations that will be placed on you by the industry and the school.

Following is a list of questions one should consider important in making a decision to enroll at Elizabeth Grady. Please sign the bottom line to indicate you have read, understand and accept each question.

In the School:
1. On a regular basis you will be touching people while providing massage services. It is important to create integrity of touch whereby clients are receiving professional massage services where appropriate touch is used. Are you willing to explore integrity of touch and your own personal boundaries to create healthy professional boundaries?
2. Are you comfortable being touched by another student or teacher?
3. Are you willing to attend school daily with adherence to a professional dress code? This includes being in uniform, practicing exceptional hygiene, and wearing professional makeup and hair appropriate for a massage therapist.
4. Are you capable of not smoking during school hours?
5. Do you have good physical dexterity for massage?
6. Attendance is key to learning, supporting your classroom community, and a prerequisite for successful completion of your program. It is also a requirement for receiving financial aid disbursements. Are you willing to be in punctual and in attendance on a daily basis?
7. Are you willing to remove visible body piercing, with the exception of single pierced ears? The Elizabeth Grady School requires that no visible piercings be worn to maintain a level of professionalism and prevent injury during massage procedures.
8. Are you willing to cut your fingernails to fingertip length? Long nails can scratch and injure clients. Massage students are required to keep their nails short at all times.
9. Do you understand that placement is not guaranteed? Although the school maintains an ongoing list of employers and provides a strong business development module within the program, it is ultimately the student’s responsibility to lead their job search with the support of the school.
10. Are you proficient with speaking, writing and reading English? All programs are taught in English. Many ESL students have successfully completed our programs, however if you have a concern in this area please let us know so that we can help set you up for success.

In the industry:
1. Do you enjoy working with your hands and with people?
2. Are you a good listener and communicator?
3. Do you find it gratifying helping others feel better?
4. Are you interested in health and wellness?
5. Are you capable of not smoking during working hours?
6. Are you open to selling products and yourself as a trained massage therapist?
7. Do you enjoy a fast paced environment and understand the importance of good time management? Can you appear calm in the midst of change?
8. Are you able to stand or sit for long periods?
9. Do you have good mobility of your upper and lower limbs?
10. Are you available to work evenings and weekends?

By signing below you acknowledge you have read the above questions to consider and agree that “yes” you are able to comply with the above educational and industry requirements to enter the field of study and profession. Should you have any questions please speak with an Admissions staff member.

Student’s Signature:_______________________________ Date ____________________
Print Name:______________________ Program: ___________ Day/Evening Start Date:_______________

Elizabeth Grady School of Esthetics and Massage Therapy
222 Boston Avenue
Medford, MA 02155
Phone 781-960-0123 Fax 781-391-4772
www.elizabethgrady.edu
Dear Student:

The Elizabeth Grady School requires all students to be tested for tuberculosis prior to beginning the program. This test is an intra-dermal antibody test that requires the individual being tested to return to the medical facility 48-72 hours to be read after being planted. Test results must be dated within one year of beginning your program. If you have had a TB test in excess of one year of your start date, you must have another.

We are dedicated to promoting a healthy environment for our students, staff and clients. Testing can be performed by your regular physician or at any neighborhood clinic or hospital. Should you test positive, you are required to undergo proper treatment as prescribed by a medical doctor and/or have the results of a chest x ray with your physician stating you are able to fully participate in the program without risk to others.

Please have your physician complete the documentation below or have them supply their own documentation of your test results. Submit results to the admissions department before beginning the program. This is a requirement for admission to our program.

Sincerely,

Cate Tool
School Director

This is to certify that ___________________________ , Date of Birth_______________ has been tested for:

- Tuberculosis    (Admissions Requirement for students attending esthetician or massage programs)

Please circle result:     Positive         Negative

If positive, course of treatment:________________________________________________________

Begin and end dates of treatment:________________________________________________________

______________________________________                           __________
Physician’s Signature               Date

______________________________________
Physician’s Name Printed

Name of Medical Practice, Address and Telephone number

Add’l notes:

Elizabeth Grady School of Esthetics and Massage Therapy
222 Boston Avenue
Medford, MA 02155
Phone 1-800-FACIALS Fax 781-391-4772
www.elizabethgrady.edu
**Department of Education Annual Institutional Participation Educational Data Survey (IPEDS)**

Each year the Elizabeth Grady School is required to provide the US Department of Education with a summary of miscellaneous data (age, sex, marital status, etc…) called an IPEDS report. Please fill out the following information. This information will not be used for any other purpose other than this report.

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
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<tr>
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<tr>
<td>State</td>
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<td>Phone Number</td>
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<td>Email</td>
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<td>Date of Birth</td>
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<td>Age</td>
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<td>Marital Status</td>
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<tr>
<td>Number of Dependent Children</td>
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<tr>
<td>Income</td>
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<td></td>
<td>o 10,000.00-19,999.00</td>
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<td></td>
<td>o 20,000.00-29,999.00</td>
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<td>o 30,000.00&gt;</td>
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<tr>
<td>Ethnicity</td>
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<td>o Asian</td>
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<td>o Black/African American</td>
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<td></td>
<td>o Hispanic/Latino</td>
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<td>o Native Hawaiian or Pacific Islander</td>
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<td>o Two or more races</td>
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<td>o Bachelor Dress</td>
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<td>o Master’s Degree</td>
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Additionally, please note that a school representative will follow up with you in the year following graduation to obtain licensing and employment information. All graduates are required to respond to the graduate survey. Please join our Facebook Group *Elizabeth Grady Schools of Esthetics and Massage Therapy* and, if you have not done so already, join our e-mailing list on line at [www.elizabethgrady.edu](http://www.elizabethgrady.edu) to help keep abreast of advanced training, employment opportunities, and general announcements.