COMMONLY ASKED QUESTIONS ABOUT 
MASSAGE THERAPISTS AND MASSAGE THERAPY TRAINING

What does a massage therapist do?
A massage therapist utilizes hands-on techniques to manipulate superficial and deeper layers of muscle and connective tissue. Massage then aids in the body's natural healing processes while promoting relaxation and well-being. Massage therapists can be found working in a variety of professional environments including private practice, physician’s offices, rehabilitation centers, wellness centers, day and destination spas, and educational environments.

How long does the training take?
Massage therapy programs at Elizabeth Grady are 650 or 750 hours in length (the 750 hour program includes all spa therapies). Depending upon the schedule, students can complete a therapeutic massage program in as little as six months. Flexible day and evening schedules are available.

How much does it cost?
The 650 Hour Massage Therapy program cost is $11,500.00 and the 750 hour massage therapy program is $12,500.00. Both programs include textbooks, uniforms, and all products and supplies with the exception of a massage table for at home practice. Certain discounts may apply.

What’s available for financial aid?
Independent students/750 Hours: Can qualify for up to $7917.00 in federal loans and $4845.00 in federal grants. Dependent students/750 Hours: Can qualify for up to $4583.00 in federal loans, $4845.00 in grants, and parent PLUS loans are also available.

Independent students/650 Hours: Can qualify for up to $6861.00 in federal loans and $4200.00 in federal grants. Dependent students/650 Hours: Can qualify for up to $3972.00 in federal loans, $4200.00 in grants, and parent PLUS loans are also available.

Is more education is available?
Advanced education is available to massage graduates and continuing education is recommended. The graduate coming out of the Elizabeth Grady massage therapy program will have received a comprehensive education that includes a broad range of massage modalities, including but not limited to: Swedish, Deep Tissue, Sports, Myofascial Release, Trigger Point Therapy, Hot Stone Massage, Prenatal Massage, Geriatric, and Oncology Massage. A variety of other complimentary modalities are presented and many students choose to continue to explore them as continuing education after graduation.
STEPS TO ENROLL IN A MASSAGE PROGRAM AT
THE ELIZABETH GRADY SCHOOL

1. _____ Tour and Interview: Call 781-960-0120 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
attention: 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 (i.e.: CNA, LPN, RN, MT, electrologist, cosmetologist, etc…) please provide proof of education and/or license to receive a $250.00 tuition discount.

10. _____ Pre-enrollment Checklist: Acknowledge the receipt of all of the vital information provided by the school that you need to know to make an informed decision about going to school.
MASSAGE THERAPY ENROLLMENT APPLICATION

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 Graduated Address Year

College/Other Education Graduated Address Year

Elizabeth Grady School of Esthetics and Massage Therapy - Massage Therapy Program Enrollment Application Page 1 of 3 Last modified 3.29.2017

EMPLOYMENT
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


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. What do you believe makes you uniquely qualified to become a licensed massage therapist and provide professional, therapeutic massage services to the public? (Minimum 75 words)


4. In your own handwriting, please describe how you will contribute to the educational process at 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 03/2017

For School Use Only:
__ Date of Interview School Administrator Signature: ____________
__ Date of Acceptance School Administrator Signature: ____________
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. Have you ever been convicted of a felony or misdemeanor? A prior criminal record may impact your ability to become licensed. Massachusetts requires a CORI and SORB check as a requirement for licensing.

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

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>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone Number</th>
<th>Email</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Gender</th>
<th>Marital Status</th>
<th>Number of Dependent Children</th>
<th>Social Security Number</th>
<th>Income</th>
<th>Ethnicity</th>
<th>Dependency</th>
<th>Program/Enrollment Info</th>
<th>Highest Level of Education Completed</th>
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<td>American Indian or Alaskan Native</td>
<td>Dependant</td>
<td>Full-time Day Massage</td>
<td>High School Diploma</td>
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<td>Asian</td>
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<td></td>
<td>Asian</td>
<td></td>
<td>Full-time Day Esthetics</td>
<td>General Education Diploma</td>
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<td></td>
<td>Black/African American</td>
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<td></td>
<td>Black/African American</td>
<td></td>
<td>Part-time Evening Massage</td>
<td>Associate Degree</td>
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<td>Hispanic/Latino</td>
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<td></td>
<td>Hispanic/Latino</td>
<td></td>
<td>Part Time Evening Esthetics</td>
<td>Bachelor Degree</td>
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<td></td>
<td>Native Hawaiian or Pacific Islander</td>
<td></td>
<td></td>
<td>Native Hawaiian or Pacific Islander</td>
<td></td>
<td></td>
<td>Master’s Degree</td>
</tr>
</tbody>
</table>

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.
I have received written information and/or accessed this information electronically via email or the school website concerning the following topics prior to receiving a copy of my signed enrollment agreement contract.

- School Catalog
- School's Graduation Rate
- School's Licensure Rate
- School's Job Placement Rate
- Requirements for Licensure
- Prerequisites for Employment
- Satisfactory Academic Progress Policy/School Policy Handbook
- Copy of Signed Enrollment Agreement Contract

Student Signature: ____________________________ Date: ____________________________

Admissions Official: ____________________________

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

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 is 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

Additional 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
Student Name: ___________________________ Program/Course Name: Massage Therapy

Address _____________________________________________________________

Primary telephone: __________________________ Other: _______________________

Email: ______________________________________________________________

Social Security Number: __________________________ Date of Birth: ______________

ENTRANCE REQUIREMENTS

1. Student must be at least 17 years of age, must provide a copy of government issued
   photo identification, and proof of a high school diploma or its equivalent.

2. Student must complete a personal interview with an admissions representative.
   Candidates are asked questions about goals and expected outcomes of study. This
   interview is typically conducted during a visit and/or tour of the school or may be
   completed by telephone in extenuating circumstances.

3. A completed application must be submitted and approved prior to acceptance. Upon
   acceptance, the student must provide a signed enrollment agreement contract and
   designated monetary deposit to confirm attendance.

4. Students are required to have a tuberculosis test within one calendar year of beginning
   the program. Students must also acknowledge they possess the physical mobility and
   dexterity necessary for performing esthetics and/or massage therapy services.

5. A valid Alien Registration card is required for all eligible non-citizens. Prospective
   students awaiting receipt of a valid Alien Registration card should refrain from scheduling
   an appointment for an interview until the Alien Registration card is received. We cannot
   admit students without this documentation.

6. International students may apply and must obtain an M-1 Visa to attend school. Obtaining
   a Vocational Student Visa (M-1) takes approximately 4-8 weeks. Students should file
   your application and documentation well in advance. Contact the U.S. Department of
   State to obtain the information needed to file for a Student Visa.
Applicants must demonstrate that they properly meet Student Visa requirements including: have a residence abroad, with no immediate intention of abandoning that residence; intend to depart from the United States upon completion of the course of study; and possess sufficient funds to pursue the proposed course of study. The Elizabeth Grady School registers all international students with SEVIS and the Department of Homeland Security.

7. Candidates who completed their high school education in another country must submit a translated copy of their high school diploma or transcripts. An official statement that the education received is equivalent to or greater than a high school level within the United States must accompany documentation and be confirmed by a certified transcript translation agency.

8. If a candidate has been homeschooled, evidence of completion of home schooling that the state law treats as home or private school. If the state issues a credential for home schooling, a copy of that credential is required. Online credentials not accepted.

9. The Elizabeth Grady School does not accept Ability-to-Benefit students.

**PROGRAM (check one):**

<table>
<thead>
<tr>
<th>650 Clock Hour Massage Therapy Programs:</th>
<th>750 Clock Hour Massage and Spa Therapy Programs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Full Time Day (9-4) 22 wks required Hours per week- 30</td>
<td>_____ Full Time Day (9-4) 25 wks required Hours per week- 30</td>
</tr>
<tr>
<td>_____ Part Time Eve (M, T, W, &amp; Sat) 44 wks required Hours per week- 15</td>
<td>_____ Full Time Day (9:30-1:30) 38 wks required Hours per week- 20</td>
</tr>
</tbody>
</table>

Start Date _____________________________ End Date ___________________________

(the earliest date of completion)

Period beyond which late registration will not be accepted______________________________

<table>
<thead>
<tr>
<th>Applicable Discounts:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ $250.00 Paid in Full</td>
<td>_____ $250.00 Complimentary Field of Study Certificate/License</td>
</tr>
<tr>
<td>_____ $250.00 Early Enrollment</td>
<td></td>
</tr>
<tr>
<td>_____ Multiple/Dual Program Enrollment</td>
<td></td>
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<tr>
<td>______ Other specify:</td>
<td></td>
</tr>
<tr>
<td>_____ Total Tuition Discount</td>
<td>_____ School Rep. Initials</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>650 HOUR PROGRAM</th>
<th>750 HOUR PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>TUITION FEE:</td>
<td>$10,825.00</td>
</tr>
<tr>
<td>UNIFORMS:</td>
<td>$150.00</td>
</tr>
<tr>
<td>TEXT MATERIALS:</td>
<td>$300.00</td>
</tr>
<tr>
<td>SUPPLIES:</td>
<td>$175.00</td>
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<tr>
<td>ADMINISTRATIVE FEE:</td>
<td>$50.00</td>
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<tr>
<td>TOTAL CHARGES:</td>
<td>$11,500.00</td>
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<tr>
<td>DISCOUNTS, IF ANY:</td>
<td>$</td>
</tr>
<tr>
<td>ADJUSTED TOTAL CHARGES:</td>
<td>$</td>
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<tr>
<td>TUITION FEE:</td>
<td>$11,465.00</td>
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<tr>
<td>UNIFORMS:</td>
<td>$150.00</td>
</tr>
<tr>
<td>TEXT MATERIALS:</td>
<td>$335.00</td>
</tr>
<tr>
<td>SUPPLIES:</td>
<td>$500.00</td>
</tr>
<tr>
<td>ADMINISTRATIVE FEE:</td>
<td>$50.00</td>
</tr>
<tr>
<td>TOTAL CHARGES:</td>
<td>$12,500.00</td>
</tr>
<tr>
<td>DISCOUNTS, IF ANY:</td>
<td>$</td>
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<tr>
<td>ADJUSTED TOTAL CHARGES:</td>
<td>$</td>
</tr>
</tbody>
</table>
ESTIMATE OF ADDITIONAL EXPENSES TO BE INCURRED BY STUDENT

White, rubber-soled, closed-toe shoes: 40.00
Combination Padlock: 5.00
Note-taking Supplies: 20.00
New Massage Table: 500.00 (Note: Used tables can be purchased online. Instructional staff will provide students with different vendors at different price points as you begin your program. This table is for at home practice and will not need to be transported to the school for in-class use.)
Massachusetts Massage Therapy application and licensing fees: 225.00
Liability Insurance (required for licensure in Massachusetts): 200.00

Method of Payment (Check all that apply):

_____Financial Aid (Loans and/or Grants)  _____Personal Check   _____Business Check
_____Money Order  _____Cash   _____Mastercard or Visa
_____Other (i.e.: Veteran’s Benefits, MA Rehab, etc…) Please Specify:____________

Payment Terms (Check one):

_____Payment Plan  _____Payment in Full
_____Other- Please Specify:____________

MASSACHUSETTS REFUND POLICY
1-9, Per M.G.L. c.255, §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 per cent 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 per cent 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 per cent 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 per cent 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 Cost Equal: $50.00

**TUITION REFUND CALCULATIONS***

<table>
<thead>
<tr>
<th>Percentage of Monies Paid Refunded</th>
<th>Tuition Refund Amount- 650 Hour Program</th>
<th>Tuition Refund Amount- 750 Hour Program</th>
<th>Date of withdrawal:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.G.L. c.255, §13K (2)</td>
<td>100%</td>
<td>100%</td>
<td>5 days from date of signing contract / /2017</td>
</tr>
<tr>
<td>M.G.L. c.255, §13K (3)</td>
<td>All monies paid less $50.00 Admin Fee</td>
<td>All monies paid less $50.00 Admin Fee</td>
<td>Outside of 5 days of signing contract and prior to commencement of program / /2017</td>
</tr>
<tr>
<td>M.G.L. c.255, §13K (4)</td>
<td>75%</td>
<td>$8118.75</td>
<td>By last date of first quarter: / /2017</td>
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<tr>
<td>M.G.L. c.255, §13K (5)</td>
<td>50%</td>
<td>$5412.5</td>
<td>By last date of second quarter: / /2017</td>
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<tr>
<td>M.G.L. c.255, §13K (6)</td>
<td>25%</td>
<td>$2706.25</td>
<td>By last date of third quarter: / /2017</td>
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</tbody>
</table>

*Tuition credit calculations listed above are based on a percentage of tuition and may not reflect actual amount to be refunded. Actual amount refunded will be based on payments made to the institution. Specific dates indicated above are based on continuous enrollment from Class Start Date with all courses completed successfully, and are subject to change in the event of failed courses, leaves of absence or other unexpected breaks in attendance.

Once a student begins classes, books and supplies issued to the student become property of the student. If the student terminates enrollment, books, uniforms, products and supplies issued to the student become non-refundable.

Non-reusable products and supplies are charged on a pro-rata basis, based on the number of scheduled hours completed at last date of attendance.

**TITLE IV REFUND POLICY**

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.

**VETERAN’S AFFAIRS REFUND POLICY**

Upon receipt of withdrawal notification from the student by the school, Financial Aid will report to the Veteran Affairs Department via a Notice of Change in Student Status Form. This form will report the beneficiary’s last date of attendance, dates of terms affected, reason for withdrawal or termination, and hours completed. In turn, the VA will inform the school of any funds that are required to be returned to the VA. The school will issue any applicable refund to the student, as the student is responsible for all VA benefits received and would personally be required to return monies to the VA.
NON ACCEPTANCE
An applicant not accepted by the school will be entitled to a refund of all monies paid.

TERMINATION AND WITHDRAWAL
Enrollment time is defined as the time elapsed between the date a student begins their program and the student’s last day of physical attendance in the school. Any monies due to the student shall be refunded within fourteen (14) days of formal cancellation by the student. Formal cancellation will be determined by the postmark on written notification, or the date said information is delivered to the school in person.

Termination by the Elizabeth Grady School: Notwithstanding the forgoing, if this contract is terminated by the School due to willful misconduct and /or the inability to maintain Satisfactory Academic Progress in accordance to the schools policies and procedures, the student will be refunded monies according to the schools refund policy, M.G.L. c.255, §13K.

The School will dismiss any student who has undocumented absences for fourteen (14) consecutive days.

SETTLEMENT POLICY
In cases of mitigating circumstances such as prolonged illness or accident, death in the family, or other situations that make it impossible to complete the course, the School shall make a settlement, which is reasonable and fair to both.

If the course is cancelled subsequent to the student’s enrollment, the school will either provide a full refund of all monies paid or completion of the course at a later time.

If the course is cancelled after students have enrolled and instruction has begun, the school shall provide a pro-rata refund for all students transferring to another school based on the hours accepted by the receiving school or, provide the completion of the course or, participate in a Teach-Out agreement or, provide a refund of all monies paid.

MISSED EXAMINATIONS
There will be a $25.00 fee for missed tests to cover staffing costs to makeup examinations outside of regularly scheduled class time.

OVERTIME CHARGES
There will be a $20.00/hour charge for instruction exceeding the maximum time frame.

BOOKS, PRODUCTS, AND SUPPLIES INCLUDED

Books:


Products: Massage Oils, Massage Creams, Massage Gels, Essential Oils, Hand Cream, Foot Cream, Body Cream, Hand Soap, and Disinfectant
**Supplies**: Linens, Disposable Headrest Covers, Spatulas, Tissues, Disinfectants, Paper Towels, Laundry Supplies, Trash Bags, First Aid Supplies

**Spa Therapy Program includes additional Manual, Products, and Supplies**: Herbs, Spa Products, i.e.: Dead Sea Salts, Body Exfoliators, Body Moisturizers, Hydrotherapy, Muds, Seaweed, Paraffin, Paragango, Body Wrap Linens, Plastic, and Thermal Wraps

**Uniforms**: Women: Two pair pants, two short sleeve EG Tees, two long sleeve EG tees, one professional EG smock; Men: four steel gray moisture wicking EG polo shirts

Once a student begins classes books and uniforms become property of the student. If the student terminates enrollment, books and equipment become non-refundable. Product charges will be prorated.

Equipment provided for students on-site for use by during program includes, but is not limited to: Massage Tables, Desks, Table Warmers, Hot Towel Warmers, Hot Stones and Warmers, Paraffin Warmers, Hydrocollator, Infra Red Lamps, Electric Blankets.

**CORI AND SORI REQUIREMENTS FOR LICENSURE**
Massachusetts requires all candidates undergo a Criminal Offense Record Inquiry and Sexual Offense Record Inquiry prior to being granted a license to practice massage therapy.

**PLACEMENT**
The Elizabeth Grady School does not guarantee job placement but will assist in resume preparation, job interviewing skills and job placement. The Elizabeth Grady School maintains an updated job listing for graduates and alumni. The Elizabeth Grady School does not guarantee placement.

**ATTENDANCE**
A satisfactory attendance record is a course completion requirement. Any student missing more than 5% of classes may be placed on probationary status and any subsequent absence can result in dismissal from the school.

**GRADUATION REQUIREMENTS**
To fulfill graduation requirements, students must complete all contracted hours in their program as well as maintain a minimum level of proficiency of 70% in all required courses as applicable to the program of study. All tuition balances must be paid in full for all programs.

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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 law 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.
I have been provided a copy of the school’s catalog and policies in a manner of my choosing and

I am initialing my choice: _______ hard copy _______ sent via email

_______ I will download the catalogue and policies from the school’s website:
Catalog: http://www.elizabethgrady.edu/catalog.html

This school is licensed by the Massachusetts Division of Professional Licensure’s Office of
Private Occupational School Education. Any comments, questions, or concerns about this
school’s license should be directed to occupational.schools@state.ma.us or 617-727-5811, dial
“0”.

Any changes, addendums, or additions made subsequent to the signing of the enrollment
agreement must be in writing and signed by both the school and the student and are subject to
the regulations of 230 CMR 15.04

You have the right to cancel this enrollment contract before the completion of five school days or
five percent of this Program, or course, whichever occurs first, and to receive a full refund of all
monies paid, less actual reasonable administrative costs up to $50 and actual reasonable costs
of non-reusable supplies or equipment.

You have the right to cancel this enrollment contract if a school allow you to begin participation in
a Program while an initial award for financial aid, including student loans, is pending, and you are
subsequently denied some or all of that student loan or financial aid amount, the School shall
offer you, in writing, an opportunity to terminate the enrollment agreement with a full refund of all
Monies Paid, less actual reasonable administrative costs as defined under M.G.L. c.255, §13K.

By affixing your signature below you have acknowledged that you have read, understood, and
received a copy of this contract, pp 1-7.

STUDENTS SIGNATURE ________________________________ DATE ____________

PARENT/GUARDIAN SIGNATURE
(If applicable) __________________________________________ DATE ____________

SCHOOL OFFICIALS SIGNATURE ________________________ DATE ____________

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