



1109 12th Avenue Suite 2 Honolulu, Hawaii 96816  
Phone:(808) 924-7772

Application for Admission: Massage Therapy Certification Program

enrollment date:

NAME: LAST	FIRST	MIDDLE
Address:	City/State	Zip Code
Phone: Home	Cell.	Email:
Social Security Number:	Date of Birth	
Sex: F M	Citizenship	Language Spoken?
Do you have a High School Diploma or GED?	What year did you graduate?	
In case of emergency, please contact:	Relationship:	Phone:
Do you have any medical conditions? Please explain		
Do you have any experience in this field? Yes No	Have you ever been a licensed massage therapist? Yes No	
Have you ever been convicted of a crime or been institutionalized? Yes No Please explain		

Are you currently working or going to school? Yes No Please provide name/ address/ phone of employment or school:

Please explain why you are interested in a career in massage therapy?

How did you hear about LaMarca Academy for Massage Therapy?

Payment Options: Circle One & Initial

Option 1: Full payment of \$4712.04 for Massage Therapy Certification Program due two weeks before the program starts. (**\$500 Tuition Credit upon graduation**)

\_\_\_\_\_ Student initials

Option 2: Two payments of \$2591.62 for a total of \$5183.24. First payment is due 2 weeks before program starts. Second payment is due on the first day of the 6th week. Exact date will be given upon registration.

\_\_\_\_\_ Student initials

Please be aware that massage therapy is a profession that requires physical stamina and flexibility. You must be able to stand for lengthy periods of time, have flexibility in all joints, including wrists, elbows, ankles, and knees. You must be able to kneel on the floor, rise to a standing position from the floor, and sit comfortably. Pregnancy and short-term disability may hinder your ability to perform bodywork. Please inform Lamarca Academy of any physical conditions you have that may need special accommodations.

I hereby acknowledge receipt of the school's catalog dated \_\_\_\_\_, which contains information describing programs offered, and equipment/supplies provides. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

\_\_\_\_\_ Student initials

I have carefully read and received an exact copy of this enrollment agreement.

\_\_\_\_\_ Student initials

Please submit a nonrefundable application fee of \$250.

### Acknowledgement

I certify that the information contained in this application for admission is true and correct to the best of my knowledge and will provide all supporting documents upon request. I agree to abide by the rules, regulations and policies of LaMarca Academy for Massage Therapy for the duration of my enrollment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_