**Enrollment and Financial Agreement 2023**

**Kohler Waters Spa Professional School of Massage Therapy Diploma Program**

501 Highland Dr. Kohler, WI 53044

DestinationKohler.com

(920) 453-2840

The following is an enrollment and financial agreement between Kohler Waters Spa School of Professional Spa Massage Therapy and \_\_\_\_\_\_\_\_\_(Full Legal Name of Student)\_\_\_\_\_\_\_\_.

This agreement begins on \_\_\_\_(Today’s Date)\_\_\_ and will continue until the balance has been paid in full.

**Program and Tuition Information:**

The Massage Therapy Diploma Program is 625 hours long. Students hours to be verified by Director of Education.

This agreement is for \_\_\_\_\_(Date Program Begins)\_\_\_ 2023 to \_\_(Date Program Ends)\_\_ 2023.

The cost of the program is $12,000.00 and includes the following: tuition, massage table, books, class handouts, spa clinic uniform, school shirt, name badge, CPR/AED class, student liability insurance, 1 year of professional insurance, state application and exam, national exam, and all optional school spirit activities. (tuition does not include items for home use such as linens, topical massage products, or office supplies)

KWS graduates are encouraged to apply at any of the Kohler Waters Spa locations. Attending KWS does not guaranty employment with the Kohler Waters Spa. Students are not guaranteed employment after graduation, and we have no placement services available. Student referrals to prospective employers are not based on direct contact with the employer regarding current job openings.

**Cancellation, Withdrawal and Refund Policy:**

In accordance with state of Wisconsin regulations, student refunds will be as follows:

The student will receive a full refund of all monies paid if the student cancels within the three business day cancellation period. This refund will be made within 10 business days of notice. The student who withdraws or is dismissed after the third business day cancellation period, but before completing 60% of the potential units of instruction in the current enrollment period, shall be entitled to a pro-rata refund, as calculated below, less any amounts owed by the student for the current enrollment period.

Pro-rate refund shall be determined as the number of units remaining after the last unit completed divided by the total number of units in the enrollment period, rounded downward to the nearest ten percent. Pro-rata refund is the resulting percent applied to the total tuition and other required costs paid by the student for the current enrollment period.

The school will issue refunds within 40 days of the effective date of termination. The student is considered withdrawn from the school if the student fails to attend classes, utilize instructional facilities or submit lesson without providing an explanation to the school regarding the inactivity for 2 full weeks.

No refund, pro-rate or otherwise, is required for any student who withdraws or is dismissed after completing 60% of the potential units of instruction in the current enrollment period unless a student withdraws due to mitigating circumstances, which are those that directly prohibit pursuit of a program and which are beyond the student’s control. The student is to address his or her termination in writing within 5 days to the director. Refund before attending any unit of instruction is 100%

Refunds will be calculated based on this formulation; this chart can also be found on catalog page 11.

|  |  |  |
| --- | --- | --- |
|  Student attends at Least | But less then | Refund of tuition |
| 1 unit/class | 10% | 90% |
| 10% | 20% | 80% |
| 20% | 30% | 70% |
| 30% | 40% | 60% |
| 40% | 50% | 50% |
| 50% | 60% | 40% |
| 60% | No | No refund |

**Students Personal Financial Payment Plan:**

10% of tuition ($1,200.00) is required to be accepted into the program. This date is a minimum of 2 weeks before the first day of any program or location start date.

Write your payment plan below. Include amounts and dates of each expected payment. See Page 11 of Student Catalog for payment plan options. (Your balance after 10% payment is $10,800.00)

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If you are receiving tuition payments from a third party, such as your employer, write whom the payments will be received from, contact name and phone number and the amount and dates we should expect payment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If third party does not meet your financial commitment, student is responsible for balance.

Payment plans can be updated if agreed upon by all parties. This new updated payment plan will require a new Enrollment & Financial Agreement form to be signed by both the student and school.

The state application and exam fee along with the national exam fee will not be paid by the school until the student has a remaining balance of less than $2,000. These are typically paid between week 20 to 22 of the program. Professional liability insurance will not be paid by the school until the student’s tuition is paid in full.

Tuition must be paid in full as a graduation requirement. Diploma and State Form 2962 will not be submitted until tuition has been paid in full.

**Fees:**

If payments are made on time, there are no fees or interest owed for payment plans.

A late fee will be charge for tuition payments made after date due. The late fee is $30.00 for every 30 days late, to be added monthly, for each payment missed until payments are caught up or the balance has been paid in full.

This enrollment and financial agreement is a legally binding contract once the student has been accepted into the program, unless the student cancels the Enrollment and Financial Agreement within 3-business days of acceptance using the 3-day cancelation form. Any legal fees for outstanding balance will be paid by student.

Student:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Kohler Waters Spa School of Professional Spa Massage Therapy

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_