

CALCOPA MASSAGE SCHOOL

18582 BEACH BLVD, SUITE 11
HUNTINGTON BEACH, CA 92648
(714) 964-7744
www.calcopamassageschool.com

Student ID:

ENROLLMENT APPLICATION

Date: _____ **Form instructions:** All items in red must be completed. Use the Save As and Submit button at the top and bottom of the document to email this document. Signatures will be taken at time of Enrollment.

PERSONAL DATA

Name: _____
Last First Middle

_____ Street Address

_____ City State Zip Code

_____ Primary Phone Phone Type Secondary Phone Number Phone Type
_____ @ _____

E-mail Address

Date of Birth: _____ Age: _____ Birthplace: _____

Sex: _____ Veteran: _____ Shirt Size: _____

Citizenship Status:

If asked, can you provide a birth certificate, alien registration receipt card or other proof of citizenship or permanent residency? Social Security #: _____ or Alien Resident #: _____

Statistics: Height _____ Weight _____ Hair Color _____ Eye Color _____

Driver's License #: _____ State: _____

License Plate #: _____ State: _____ Marital Status: _____

Housing

Have you ever been convicted of a drug related offense? No Yes

Have you ever been convicted of a non-traffic crime? No Yes

Have you ever been convicted of a felony? No Yes

If you replied "yes" to any of the above, please describe:

EMPLOYMENT DATA

Present Employer: _____

Your Position: _____ Length of Employment: _____

Address: _____

Phone Number: _____

EDUCATIONAL DATA

High School Graduate: _____ Grad Date _____

Select Highest Grade Completed: 12th College Freshman Sophomore Junior Senior
 Associate Degree Bachelor's Degree Masters or Higher

Last High School Attended: _____ City/State: _____

Please provide a copy of diploma or GED/HS equivalency.

2 CHARACTER REFERENCES

Name: _____ Phone: _____

Street Address City State Zip

Name: _____ Phone: _____

Street Address City State Zip

AUTHORIZATION TO RENDER EMERGENCY MEDICAL CARE

Date: _____

I, (name) _____ hereby authorize any licensed medical emergency team to administer treatment and/or transportation to a medical facility for further treatment by a licensed physician if a medical emergency arises while I am attending classes as a student at California College of Physical Arts, Inc

This medical emergency authorization is effective during my hours as a student at California College of Physical Arts, Inc and for my length of stay as a student.

All fees incurred for such emergency treatments or services will be my responsibility. The school is not responsible in any way for such fees. It is the school's responsibility to see that I obtain the fastest medical help in an emergency health crisis during my hours of study at California College of Physical Arts, Inc.

Emergency Contact Person: _____ Phone Number: _____ Type: _____

Insurance Information: (if applicable) _____

Insurance Company: _____ Type of Coverage: _____

Address: _____

Policy Number: _____ Policy Holder: _____

Name/Relationship: _____ Phone Number: _____

Address: _____

The following questions are intended to ensure the safety of you and your fellow students, as well as the staff at CalCopa. Thank you for your cooperation.

Are you currently seeing a medical practitioner? _____ If yes, please explain: _____

Please list current medications, including aspirin, ibuprofen, etc., that you are taking:

Please describe any surgeries or accidents you have been involved in:

Are you presently experiencing any muscle-skeletal disorders including but not limited to tendinitis, arthritis, low back pain, etc. _____ If yes, please explain: _____

Are you presently experiencing any circulatory disorders, including but not limited to heart conditions, high or low blood pressure, etc.? _____ If yes, please explain: _____

Are you currently receiving treatment for an infectious disease?

Are you currently experiencing any skin disorders, including but not limited to rashes, allergies, etc.?
(If yes, please explain:

Have you ever been diagnosed with cancer?

If yes, please explain:

Are you currently experiencing any other health or mental health problems not addressed by the previous questions?

I have truthfully stated to the best of my knowledge all medical conditions that I am aware of and will update my instructor and/or administrators of any change in my condition.

Applicant's Signature

Date

CalCopa Massage School
18582 Beach Blvd, Suite 11
Huntington Beach, CA 92648
(714) 964-7744
www.calcopamassageschool.com

NEW STUDENT QUESTIONNAIRE

For our information and to assist graduates and future students please complete this questionnaire.

How did you originally hear about our school?

Yelp!

Referred by COMTA/CAMTC

Referred by a friend

Walk-in

Internet Search Engine (Go to next question)

Search Engine Selection

Why did you choose CalCopa? (Select all that apply)

Curriculum/Courses Offered

Reputation

Instructors

COMTA/CAMTC Referral

Location

Schedule Flexibility

Price of Tuition

Other

Name of Referral



CalCopa Massage School
18582 Beach Blvd, Suite 11
Huntington Beach, CA 92648
714.964.7744
CAMTC #SCH0121
www.calcopamassageschool.com



STUDENT PHOTO RELEASE FORM

I, _____, as an employee/student of CalCopa Massage School, my permission to its legal representatives and assigns, those for my school is acting, and those acting with its permission, or its employees and students, the permission to take photographs of me and use them for any legal purpose.

I understand that I will not be paid for these photographs and have no rights to them. I am participating as a volunteer. I hereby waive any right to inspect or approve the finished photograph or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied. I release my employer/school, its officers, employees and agents, from any and all claims of harm and liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise which may occur from making, showing, using or distributing these photographs/video.

I HAVE READ THIS RELEASE AND CONSENT FORM AND I:

AGREE TO ITS TERMS AND ALLOW THE USE OF MY IMAGE.

DO NOT APPROVE OF THE USE OF MY IMAGE.

SIGNATURE

PRINTED NAME

DATE

WITNESS SIGNATURE

PRINTED NAME

DATE



ENROLLMENT/ADMISSIONS DISCLOSURE FORM

- I have received and read a copy of the California College of Physical Arts, Inc. school catalog effective January 1, 20 and have read and understood all policies and procedures, asking for further explanation where applicable. (E.C. 943116.10)
- I have been shown the Notice of Cancellation form located in the back of the California College of Physical Arts, Inc. school catalog. (E.C. 94317.5)
- I have been given the "Students Bill of Rights" provided by the CA Department of Consumer Affairs. (E.C. 94316.20)
- I have been shown the College Policies in the California College of Physical Arts, Inc. school catalog, as well as read and initialed a copy in the admissions file.
- I have been given the Institutional Performance Fact Sheet and initialed a copy for my admissions file.
- I have been shown the Student Clinic Policies and Procedures in the California College of Physical Arts, Inc. school catalog. I do understand and accept that I will be required to perform 5 or more clinic massages for each 100-hour core massage training that I receive here at California College of Physical Arts, Inc.
- I have been shown the section detailing cancellation, withdrawals and refunds located in the California College of Physical Arts, Inc. school catalog.
- I have been given a tour of the facility. (E.C. 94312 (e))
- I have received and read a copy of my enrollment agreement prior to my signing the agreement. (E.C. 94316.10a.1)
- I have been advised that the course of instruction does not lead to an occupation or job title for which a state license examination is required. (E.C. 94316.10 (E))
- I have been informed that there is California state massage license and I may apply for that license after completion of 500 hours. I also understand that some employers will desire or require training above or beyond that level for hiring.
- I understand that I will not be provided job placement by the administration and that the College does not guarantee employment, but that there is a student job board where I may obtain information on current job listing and that it is my responsibility to follow through with this information. (E.C.94316.3)
- The College has not implied or expressed any claim about a salary which may be earned after completing the course of instruction. (E.C.94316.10 (a) (D))
- I understand that the California College of Physical Arts, Inc. is not a public institution. (E.C.94316.10 (5) (C))

Applicant's Signature, Date

Administrator Signature, Date



CalCopa Massage School

COLLEGE POLICIES

1. EACH STUDENT MUST BE ABLE TO SPEAK, READ, WRITE, AND UNDERSTAND THE ENGLISH LANGUAGE.
2. THE STUDENT ACKNOWLEDGES RECEIPT OF THE CURRENT CATALOG, AND HAVING READ IT, AND UNDERSTANDING IT, AGREES TO ABIDE BY AND BE BOUND BY ITS TERMS. ALSO, CALCOPA WILL NOT BE RESPONSIBLE FOR ANY STATEMENT OF POLICY, PLACEMENT ACTIVITY, CURRICULUM, OR FACILITY THAT DOES NOT APPEAR IN THE SCHOOL CATALOG.
3. EACH STUDENT WILL HAVE A PHOTOGRAPH TAKEN DURING HIS/HER PROGRAM. THIS IS ADDED TO THE STUDENT'S RECORDS. NO TRANSCRIPTS AND/OR CERTIFICATES WILL BE ISSUED WITHOUT THEM.
4. EACH STUDENT IS REQUIRED TO BRING HIS/HER OWN SUPPLIES, SUCH AS OIL, LINENS, AND COMFORTABLE CLOTHING. NO MINERAL OILS, WITCH HAZEL, OR PETROLEUM PRODUCTS ALLOWED. ALCOHOL IS NOT TO BE USED TO CLEAN THE MASSAGE TABLES. THESE ITEMS WILL BE REVIEWED IN DETAIL DURING ORIENTATION ON THE FIRST DAY OF CLASS.
5. GENERAL HOUSEKEEPING, PHYSICAL HYGIENE, AND PERSONAL HYGIENE ARE EMPHASIZED AND STRICTLY ENFORCED. EACH STUDENT WILL BE REQUIRED TO CLEAN MASSAGE TABLES, FURNITURE, EQUIPMENT, CLEAN UP AFTER THEMSELVES ETC., JUST AS HE/SHE WOULD AT HIS/HER JOB LOCATION.
6. THERE WILL BE PRACTICAL INSTRUCTION DURING EACH SESSION ATTENDED. **GIVING AND RECEIVING MESSAGES IS MANDATORY**, AND INSTRUCTIONAL STAFF MUST MAKE PHYSICAL CONTACT WITH THE STUDENTS AS PART OF THE INSTRUCTIONAL PROCESS. THOSE RECEIVING MESSAGES AS MODELS WILL GENERALLY BE REQUIRED TO DISROBE, AND WILL BE AT ALL TIMES COVERED BY CONVENTIONAL, PROFESSIONAL MASSAGE DRAPING PROCEDURES. WHEN WORKING ON CERTAIN PARTS OF THE BODY, (I.E.: AXILLARY, GLUTEUS, INGUINAL, PECTORALIS, SERRATUS, OR ADDUCTOR AREAS) OCCASIONAL UNINTENTIONAL CONTACT WITH BREASTS AND GENITALS COULD OCCUR. IT IS THE INTENTION OF CALCOPA TO MAKE STUDENTS FEEL AS COMFORTABLE AS POSSIBLE. ANY STUDENT, WHO MAY FEEL UNCOMFORTABLE FOR ANY REASON, IS ENCOURAGED TO INFORM THE INSTRUCTOR, DEAN OF TEACHERS OR DIRECTOR AT THAT TIME.
7. THE STUDENT IS ADVISED THAT IT IS THE POLICY OF THIS SCHOOL THAT NO STUDENT SHALL BE SUBJECT TO SEXUAL HARASSMENT. SEXUAL HARASSMENT IS DEFINED AS THE MAKING OF UNSOLICITED VERBAL OR PHYSICAL CONTACT WITH SEXUAL OVERTONES AND CONTINUING TO DO THIS AFTER BEING INFORMED THAT THE INTEREST IS UNWELCOME. IF AT ANY TIME A STUDENT OF FACULTY MEMBER COMPROMISES ANOTHER STUDENT OR FACULTY MEMBER, THIS WILL BE GROUND FOR DISMISSAL.
8. THE STUDENT HEREBY AGREES TO HOLD HARMLESS AND INDEMNIFY CALCOPA, ITS AGENTS, PRINCIPLES, EMPLOYEES, SUCCESSORS, AND ASSIGNS FROM AND AGAINST ANY AND ALL CLAIMS, DEBTS, CAUSE OF ACTION AND/OR LIABILITIES ARISING OUT OF OR IN CONNECTION WITH: 1) THE STUDENT'S ENROLLMENT IN ANY CALCOPA COURSE; 2) AVOCATIONAL CLASSES, SEMINARS, OR WORKSHOPS HELD BY INDEPENDENT PROMOTERS OR INSTRUCTORS WHO MAY OR MAY NOT SHARE THE SAME VIEWS, THEORIES, PHILOSOPHIES, TECHNIQUES, ETC. AS THOSE OF THE OWNER AND STAFF AT CALCOPA; OR 3) ANY AND ALL ACTIVITIES OF THE STUDENT WHILE EMPLOYED AS OR ACTING AS A PRACTITIONER OR MASSAGE THERAPIST.
9. IN CONSIDERATION OF THE STUDENT BEING PERMITTED TO PARTICIPATE IN STUDENT ACTIVITIES AND FIELD TRIPS UNDER THE AUSPICES OF CALCOPA, THE STUDENT AND PARTIES EXECUTING WITH THE STUDENT AUTHORIZED PARTICIPATION BY THE STUDENT AND RELEASE CALCOPA AND PARENT CORPORATIONS / AFFILIATES AND THEIR RESPECTIVE OFFICERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL RESPONSIBILITY FOR INJURY OR DAMAGE TO PERSON OR PROPERTY.
10. THE STUDENT AGREES TO ABIDE BY THE RULES AND SCHEDULES SET BY CALCOPA AS OUTLINED IN THE SCHOOL CATALOG; COMPLETE ALL STUDY, CLASSROOM LESSONS, TESTS OR OTHER ASSIGNMENTS REQUIRED FOR GRADUATION; AND ATTEND ALL CLASSES AS SET FORTH BY THE SCHOOL CATALOG AND COURSE SYLLABUS.

11. THE STUDENT AGREES TO PAY TUITION AND FEES WHEN DUE. THE STUDENT ALSO AGREES THAT TUITION MUST BE PAID IN FULL BEFORE CALCOPA WILL RELEASE ANY TRANSCRIPT, CERTIFICATE, OR OTHER EVIDENCE OR COURSE ATTENDANCE OR COMPLETION. ANY STUDENT WITH A DELINQUENT ACCOUNT WILL BE NOTIFIED. IF A STUDENT IS NOT CURRENT WITH THEIR PAYMENTS AT ANY TIME DURING THEIR CONTRACT, THE STUDENT WILL BE UNABLE TO CONTINUE WITH THEIR COURSE OF STUDY UNTIL PAYMENTS ARE BROUGHT CURRENT. IF AN ACCOUNT IS NOT PAID IN FULL WITHIN 30 DAYS FROM THE END OF THE CONTRACT PERIOD, THE ACCOUNT WILL BE CONSIDERED DELINQUENT AND A LATE CHARGE FEE WILL BE INCURRED. THE DELINQUENT ACCOUNT WILL BE CHARGED A LATE CHARGE FEE PER MONTH, UNTIL BALANCE IS PAID IN FULL. THE STUDENT'S DELINQUENT ACCOUNT MAY ALSO BE TURNED OVER TO A COLLECTION AGENCY FOR RETRIBUTION AS WELL AS TO REFLECT ON THE STUDENT'S CREDIT REPORT.
12. CALCOPA RESERVES THE RIGHT TO DISCONTINUE THE STUDENT'S TRAINING FOR UNSATISFACTORY PROGRESS, NON-PAYMENT OF TUITION OR FAILURE TO ABIDE BY CALCOPA RULES, POLICIES OR PROCEDURES, AT THE DISCRETION OF THE DIRECTOR AND/OR THE DEAN OF EDUCATION.
13. GROUNDS FOR DISMISSAL INCLUDE THE USE OR POSSESSION OF ALCOHOL OR DRUGS ON THE PREMISES, FIGHTING OR BODILY THREATS TO OTHER STUDENTS STAFF MEMBERS, THEFT, CHEATING OR ANY BEHAVIOR THAT IS DEEMED DISRUPTIVE BY INSTRUCTOR OR MAY CREATE A SAFETY HAZARD.
14. SATISFACTORY ACADEMIC PROGRESS OF EACH STUDENT WILL BE REVIEWED TWICE DURING EACH 100-HOUR PERIOD. THOSE STUDENTS NOT MEETING THE STANDARDS OF SATISFACTORY ACADEMIC PROGRESS AS PRESCRIBED IN THE SCHOOL CATALOG WILL BE NOTIFIED IN WRITING.
15. INFORMATION CONCERNING (A) POST-SECONDARY TRAINING COMPLETED IN ANOTHER SCHOOL, (B) PREVIOUS OCCUPATIONAL EXPERIENCE, OR (C) OTHER SCHOOLS WHICH MAY ACCEPT OUR CREDITS TOWARDS THEIR PROGRAMS, CAN BE OBTAINED BY CONTACTING THE OFFICE OF THE ADMINISTRATOR. IT SHOULD NOT BE ASSUMED THAT ANY PREVIOUS TRAINING OR OCCUPATIONAL EXPERIENCE CAN BE USED TOWARD CREDIT IN CALCOPA COURSES OR PROGRAMS, NOR THAT COURSES OR PROGRAMS DESCRIBED IN THE CATALOG CAN BE TRANSFERRED TO ANOTHER INSTITUTION. ANY DECISION ON THE COMPARABILITY, APPROPRIATENESS, AND APPLICABILITY OF CREDITS AND WHETHER THEY SHOULD BE ACCEPTED IS THE DECISION OF THE RECEIVING INSTITUTION.
16. THE STUDENT WILL BE GIVEN APPROPRIATE CREDIT IF, IN THE SOLE DISCRETION OF CALCOPA, SUCH TRAINING OR EXPERIENCE MEETS THE CRITERIA TO MEASURE REQUIREMENT SATISFACTION. CALCOPA DOES NOT GUARANTEE THE TRANSFERABILITY OF CREDITS TO ANY COLLEGE, UNIVERSITY, OR INSTITUTION.
17. THE STUDENT ACKNOWLEDGES THAT HE/SHE IS AWARE THAT SOME MUNICIPALITIES, COUNTIES OR OTHER ENTITIES MAY REQUIRE SUCCESSFUL COMPLETION OF FURTHER TESTING AS A PREREQUISITE IN OBTAINING A LICENSE FOR PURPOSE OF EMPLOYMENT IN THE FIELD OF MASSAGE OR RELATED FIELDS.
18. FREEDOM OF INFORMATION ACT - "IN COMPLIANCE OF PUBLIC LAW 93-380, SECTION 438 (BUCKLEY AMENDMENT), I HEREBY GIVE MY PERMISSION TO CALIFORNIA COLLEGE OF PHYSICAL ARTS TO DISCLOSE OR SEND THE CONTENTS OF MY PERSONAL FILE, WHICH INCLUDES RESUME, REFERENCE CHECKS, AND INSTRUCTOR EVALUATION TO EMPLOYERS FOR THEIR REFERENCE. THIS MAY BE EXECUTED WITHOUT CONTACTING ME. I UNDERSTAND THE FILE WILL BE SENT ONLY TO ASSIST IN FINDING A JOB."
19. SHOULD ANY LEGAL ACTION BE NECESSARY TO ENFORCE OR INTERPRET THE TERMS OF THIS AGREEMENT OR TO COLLECT ANY SUMS DUE UNDER THIS AGREEMENT AND/OR ANY ADDENDUM HERETO THE PREVAILING PARTY SHALL BE ENTITLED TO RECOVER REASONABLE ATTORNEY'S FEES IN ADDITION TO ANY AND ALL OTHER REMEDIES AVAILABLE AT LAW OR EQUITY.
20. STUDENT IS TO INFORM ADMINISTRATOR AND/OR INSTRUCTOR IF NEEDED, OF ANY EXISTING MEDICAL CONDITIONS, AILMENTS, OR MEDICATION PRESCRIBED, OR OVER THE COUNTER MEDICATIONS/DRUGS THE STUDENT IS TAKING OR RECENTLY TAKEN. THIS INFORMATION MUST BE GIVEN ON THE "EMERGENCY MEDICAL CARE" FORM DURING THE TIME OF ENROLLMENT.

21. STUDENT ACKNOWLEDGES THAT THERE MAY BE BREAKS IN THE SCHEDULED CORE CLASSES DUE TO LOW ENROLLMENT OR AVAILABILITY OF TEACHERS. THE ADMINISTRATION WILL TRY TO SCHEDULE CORE ELECTIVES IN ORDER TO ALLOW STUDENTS TO CONTINUE WITH THEIR EDUCATION UNTIL ANOTHER CORE CLASS CAN BE SCHEDULED AND FILLED. THE SCHOOL HAS DISCRETION ON SCHEDULING CORE CLASSES OR CORE ELECTIVES.
22. STUDENTS NEED TO BE ADVISED THAT ANY DISCOUNT IN THE PRICING OF A COMPLETE PACKAGE IS ONLY APPLICABLE WITH THE INITIAL SIGNING OF PROGRAM CONTRACT.
23. DRESS CODE AT CALCOPA - STUDENTS WILL MAINTAIN A PROFESSIONAL LOOK AND BEHAVIOR DURING THEIR HOURS AT CALCOPA. STUDENTS MAY WEAR COMFORTABLE CLOTHES BUT SHOULD NOT WEAR ANY ARTICLE OF CLOTHING THAT IS SUGGESTIVE IN ANY WAY (I.E., BARE MIDRIFTS, LOW CUT TOPS OR HALTER TOPS, SHORT SHORTS OR SKIRTS) THE TEACHER MAY REQUIRE YOU TO RETURN HOME TO CHANGE IF THEY DEEM YOUR DRESS TO BE INAPPROPRIATE. THIS IS ESPECIALLY TRUE DURING THE FINAL PRACTICAL WHERE INAPPROPRIATE DRESS MAY DETRACT FROM YOUR GRADE.

Applicant's Signature

Date

California College of Physical Arts, Inc.
 18582 Beach Blvd., Suite 11, Huntington Beach, CA 92648
 (All classes are held at this address)
 714-964-7744
www.calcopamassageschool.com

ENROLLMENT AGREEMENT CAMTC ADDENDUM

Student _____ Date of Birth _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ @ _____

Attendance and/or graduation from a California Massage Therapy Council approved school does not guarantee certification by CAMTC. Applicants for certification shall meet all requirements as listed in California Business and Professions Code sections 4600 et. seq.

A student or any member of the public with questions that have not been satisfactorily answered by the school or who would like to file a complaint about this school may contact the California Massage Therapy Council at: One Capitol Mall, Suite 320, Sacramento, CA 95814, www.camtc.org, phone (916) 669-5336, or fax (916) 669-5337.

Check here if a payment plan has been created (see attached).

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution’s cancellation and refund policies have been clearly explained to me.

Student Signature: _____ Date: _____

This agreement is not operative until the student makes and initial visit to the institutions and receives a thorough tour of the facilities.

Student Signature: _____ Date: _____

ACKNOWLEDGED AND ACCEPTED:

 Signature & Title of Institution Official Date: _____

SUCCESS STARTS HERE



**Student
Bill of Rights**



**PRIVATE POSTSECONDARY
EDUCATION**



www.bppve.ca.gov

Student Bill of Rights

As a student you have the right to:

Career Information – Accurate facts about job availability and salary ranges if the institution makes claims to prospective students regarding the starting salaries of its graduates.

A Catalog – A comprehensive listing of current and accurate information regarding programs, policies, procedures, and a list of current administrative staff and faculty, including their qualifications.

Contract – An enrollment agreement that states the program and the number of credits, clock hours, or units required to complete the course, the length of the program covered by the enrollment agreement, and the cancellation and refund policies.

Cost Information – Clear and honest disclosure of all tuition, fees, and other charges related to the cost of receiving your education.

Financial Aid Disclosure – Full disclosure of all financial aid and loan information including rates, terms, and any deferment or forbearance options.

Quality Faculty – Instructors who are knowledgeable and current in the areas they are teaching.

Quality Materials – Textbooks, teaching materials, and equipment that are current and in good condition.

Refunds – The ability and right to withdraw from school at any time and receive a refund for tuition paid but not used.

Retention/Placement Information – Information about the number and percentage of students that start and complete programs and the number and percentage of graduates placed in jobs.

These rights are committed to you by schools who have signed a voluntary agreement. To make sure your school has agreed to this pledge, check with your school or the Web site below.