

# The School of Healing Arts

To apply for classes with The School of Healing Arts, please complete the following form. Indicate which class you are applying for during the school year 2011-2012. We will contact you within 10 days of receiving the application. Please mail, fax, or drop off the completed application to:

The Estuary  
1711 19<sup>th</sup> Ave South  
Nashville, TN 37212  
Fax: (615) 383-4473

## APPLICATION FOR ENROLLMENT CONFIDENTIAL STUDENT PROFILE

Please Print Or Type:

Class \_\_\_\_\_ Date \_\_\_\_\_ Payment \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_

MaritalStatus \_\_\_\_\_ Children \_\_\_\_\_

Present Physical Problems \_\_\_\_\_

Medications \_\_\_\_\_

CounselingExperience/Therapist \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Financial Responsibility:

- Students are obliged to pay the full semester tuition amount whether or not classes are attended.
- Student accepts financial costs of books, extra materials, classes etc.

**Confidentiality:**

- The importance of confidentiality is vital to the safety of all students.
- Your signature on this page acknowledges that you will not reveal the identity and conversation of other participants in the program.

**Romantic and Sexual Relationships:**

- Each class and group is encouraged to process many feelings and enjoy the safety of expressing vulnerability without the risk of being approached romantically.
- For the safety of all students, romantic and sexual involvement is prohibited.
- Couples committed before enrollment in The School of Healing Arts are exempt from this requirement.

**Rescheduling Cancelled Classes:**

- Classes needing to be rescheduled due to circumstances beyond the Schools control (illness, personal tragedy, and inclement weather) class meeting will be rescheduled at the discretion of the School. This rescheduling will not affect the student's financial obligation.
- Make up sessions in other classes not permitted to ensure the confidentiality and safety of the learning process.
- Teacher trainees advanced students and assistants may be present.

**Alcohol and Drug policy:**

All students are encouraged to be drug, alcohol and cigarette smoking free since these interfere with ones' ability to hold and process energy. Students must be drug

**Graduation fees:**

- A graduation fee to cover the costs of facilities, certificates and celebrations is due at time of graduation.

**Consent:**

- I understand that the classes offered at The School of Healing Arts are therapeutic in nature and designed to bring forth physical, emotional and spiritual issues that will need to be processed with a qualified psychotherapist and medical professional.
- If I am unable to participate in any part of a class or workshop, I will inform the person leading the program at once.
- I represent that I am physically and emotionally stable, have not been hospitalized within the past 5 years for a mental disorder, and that I will comply with my own physicians' and other health care professionals' recommendations concerning my physical and emotional health.

*I understand that The School reserves the right to determine my ability to participate at any stage of the process and that I may be asked to leave the program without refund of the current semesters' fees.*

*I understand I am financially responsible for entire year regardless of my ability to attend.*

*I hereby assume for myself, heirs, executors, administrators and assigns, all risk of physical and emotional injury which may occur during or after the Program, I agree to release and hold The School of Healing Arts, its employees and agents harmless from any liability, loss, cost or damage arising out of my participation in the School.*

*I certify that I am 21 years of age or older.*

Signed \_\_\_\_\_ Date \_\_\_\_\_