

Elective: _____ Total Hours _____
Class State Date: _____ End Date: _____
Fee: _____ OR Audit/Repeat fee: _____

Hands on Healing Institute Supplemental Elective Application

(Only to be used once Original Elective Application has been approved by HHI)



Name: _____

Registration Information: Please contact HHI to enroll. Prepayment is required for enrollment. Hard copy of certification only offered upon request, following passing of class.

Attendance, Cancellation and Withdrawal Policy: Students must cancel at least 2 business days prior to class start date in order to receive credit or refund. No shows are not eligible for refund or credit. Students are expected to arrive on time (15 minute early first day) and to attend all scheduled classes (no classes are scheduled on major holidays). The instructor of each class with record absences and tardiness. Students must complete missed classroom hours and instructional materials no later than 30 days from end of class. Missing more than 15% of class hours will result in a automatic DROP, forfeiting all hours and payment. Failure to complete hours of classroom attendance required on time, will result in a "Failed" grade.

Tutoring: All missed hours can be made up with individual tutoring at \$18/hour. One hour of tutoring equals one hour of class time. It is the responsibility of the student to arrange with the instructor make-up sessions and to obtain homework assignments and other materials distributed during missed sessions.

Class Materials and Information: You may already have some knowledge of the class materials. We ask that you put that aside and be open to receiving the wisdom of our instructors. Please refrain from engaging in debate with the instructor and bringing in your own ideas on the subject matter unless the instructor has opened the class up for input or discussion. Always follow the stroke sheets and the instructor's directions. Do not practice anything other than the techniques being taught. If you are unable to follow these guidelines, you will be asked to leave the class.

Student Behavior/Dress Code: All incidents in which a student is misbehaving or dress inappropriately, will be written up on an Incident Report form and turned into the office. The student may also be sent home if the situation isn't resolved promptly. Comfortable loose clothing should be worn, with no short skirts, short/shorts, low-cut tops, underwear showing, low-riding pants or bare midriffs. Clothing should be professional.

Classroom Discussions: Please do not discuss politics, any sexual matters, or your own personal story if it does not pertain to the class materials. Solicitations or promotions of any kind will not be tolerated.

Proper Disrobing in Class: Use the provided changing rooms and toga-style wrapping with the top sheet when disrobing to receive a massage.

Use of Essential Oils/Sage/Incense: Please don't use Essentials Oils unless it is in an Aromatherapy class or part of the class you are taking. If you feel the need of the benefits of Essential Oil, please go outside while this is being done. Please do not use sage or incense. Please refrain from using cologne or perfume on class days.

I declare under penalty of perjury that my contact information, emergency contact, education, health history on file remains the same and that I have read, understood and agreed to my rights and responsibilities, and the guidelines and policies of Hands on Healing Institute.

✕ Student's Signature: _____

Date: _____

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I have already taken this course and will be auditing at a 50% reduction in the course price. Audit Fee \$ _____

School Use Only				
<u>Date</u>	<u>Amount</u>	<u>Cash/check#/ cc#(last 4/exp)</u>	<u>Balance</u>	<u>Init</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Registration Information:

Please call or visit the school to enroll
 Prepayment is required for enrollment.
 Certificate will be offered upon completion
 Schedule subject to change: please call to confirm
 Completed application is required for enrollment

My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and the guidelines and policies of Hands on Healing Institute.

✗ Student's Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____

PRINT NAME FOR CERTIFICATE* _____

*Certificates available upon request only.

Hands on Healing Institute 6708 Foothill Boulevard, Tujunga, CA 91042
 Phone (818) 951-5811 Fax (818) 951-5813 E-mail: administration@gotohhi.org www.gotohhi.org

