

2022-2023 Mentorship Application

Name _____ Pronoun She/her He/him They/them

Address _____

City _____ State _____ Zip _____

Phone # (____) _____ Accept Texts? Yes No Cell Land line Office Other

E-mail address _____

What information would you like included on class rosters, available only for classmates?

- Name
- Address
- Phone
- E-mail address
- None of the above

Check and prioritize group/schedule preferences (Each segment is 4 weekdays and one weekend day) Prioritize by marking #1 as first choice and #2 as second and please identify those you can't do:

<input type="checkbox"/> Group 1	Tue. Mornings 9:00 AM to 1:00 PM + 1 Saturday	Priority # _____ <input type="checkbox"/> Cannot do
<input type="checkbox"/> Group 2	Wed. Mornings 9:00 AM to 1:00 PM + 1 Sunday	Priority # _____ <input type="checkbox"/> Cannot do

Enrollment Choice:

- First time participant for Whole series Individual courses
- Alumni for Whole series Individual courses

Deposit* - due with application.

- \$200.00 if applying for the entire series regardless of payment option chosen.
- \$50 per course if applying for a individual course(s) regardless of payment option chosen. Mark course(s) of choice.
 - Pelvis to Feet - 24 hrs
 - The Trunk - Spine, Thoracic Cage & Abdomen - 24 hrs
 - Shoulders to Fingers - 24 hrs
 - Head, Neck, Face, Intra-oral- 24 hrs (meets WA intra-oral requirements) all participants must show they are fully vaccinated to minimize mutual COVID-19 health risks

*Minimum number of students per group is three (3). If the minimum number is not met and you cannot join another group you will be refunded all fees paid including deposit.

Payment Options (Deposit is included in total costs regardless of payment option chosen):

- Taking whole series - Payment in full prior to start of entire series = Total (including deposit) \$1,440.00
- Taking whole series - Payment plan – Pay deposit of \$200 deposit for whole series
 - Pay per course \$325.00 within the whole series = Total (includes deposit) = \$1,500
 - Pay monthly - negotiated and agreed upon with instructor in advance of first-class meeting - Total includes deposit = \$1,500.
- Taking individual course(s) within the series - Payment in full prior to start of each course = \$375.00 per course includes deposit.
- Alumni Rates - \$750 for whole series or \$250 for individual course (payment plans are available)
- Alumni Audit - Only if space available – No fees (no credit or certificates are issued for audit)

Please initial each item below

_____ I understand that 80% attendance is required to receive full credit and a certificate of participation for each course. Participants attending less than 80% will only receive a transcript outlining the actual hours completed (noting that the course was not completed in accordance with course standards).

_____ I understand that should I miss more than 20% of a course I may choose to arrange for a make up session with the instructor at a cost of \$20 (per hour) to obtain complete course credit and a Completion Certificate.

_____ If I am paying by "payment plan," I agree that once I begin the course/series, I will pay for the entire course/series even if I choose to not finish the course/series.

_____ I agree to comply with infection prevention and control practices including becoming fully vaccinated prior to participating in the final segment (Head, Neck, Face and Intraoral) minimizing shared risk for all.

_____ I agree to abide by class agreements as negotiated with classmates and instructor at the first class meeting. These are intended to ensure safe, effective and supportive learning environment for all.

Please attach additional pages as needed to answer these questions.

What do you want to gain as a result of participating in this program?

Given the series/course descriptions, is there anything you would like specifically addressed, included and/or excluded in the series or an individual course?

What expectations do you have of the instructor?

Application Checklist:

- Completed application
- Copy of current Massage license
- Copy of Practice Liability Insurance
- Deposit/Payment - applicable deposits, payment for whole series or each course Cash Check Credit/Debit
(Credit/Debit payments must be made in person, please make checks payable to Four Winds)

**Return completed application and required document copies to: Dawn Schmidt/Four Winds
15120 54th Pl. W. Edmonds, WA 98026
Or e-mail - fourwindsrider@frontier.com**

For Office Use Only: