



APPLICATION FOR ENROLLMENT 2024

(Include \$50.00 application fee with completed form to reserve a seat, this fee will be refunded if student is not accepted by school.)

Full Name: _____ **Email:** _____ **Birthdate:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: (Home): _____ **(Work):** _____ **(Cell):** _____

Education and Experience:

Please answer the following questions: (If you need more room, you can write on the back)

- 1. Do you have any physical challenges that may affect your ability to perform massage therapy? List any challenges and how you feel it would affect your work.**
- 2. What stimulated your interest in massage therapy? And what do you hope to accomplish by following this course of study?**
- 3. Have you had a massage from a professional massage therapist? What effects did you experience and how do you feel about that experience?**
- 4. How did you hear about the Springs Bath House School of Massage Therapy?**
- 5. Have you ever been convicted of a felony? ___ Yes ___ No**
- 6. Class you are interested in signing up for:**

____ **June 2024** (___ *Aberdeen, SD* or ___ *Mitchell, SD*)

____ **650 hour full program** or ____ **200 hours of Hands-On only program**

**Class days will be on Tuesdays and Wednesdays, 9 am – 6 pm. The Hands-On only class will be on Tuesdays from 12 pm to 6 pm each week. (Must have previous massage training before taking just the Hands-On training with us.)*

**Class schedules are subject to change.*

To the best of my knowledge, the above information is correct and accurate.

Signed _____ **Date:** _____

Along with your completed application and \$50.00 application fee, please also submit 3 letters of reference, an autobiography/letter of intent, and have your high school transcripts (or equivalent) sent directly to us from the educational facility you attended.