



**The Lauterstein-Conway  
Massage School & Clinic  
4701-B Burnet Rd, Austin, TX, 78756**

512-374-9222

Owners:

Mark Dauenhauer, Co-Director

Eric Tebbetts, Co-Director

**500-HOUR ENROLLMENT PACKET**

**IMPORTANT INFORMATION. PLEASE REVIEW PRIOR TO ENROLLMENT:**

1. Lauterstein Conway Massage School & Clinic Course Catalog & Student Handbook
2. Massage Therapy Occupation Code

**Lauterstein Conway Massage School & Clinic Enrollment Packet Contents**

1. Potential of Ineligibility Form
2. Enrollment Agreement, including refund policy
3. Health Information Form
4. Miscellaneous Information and Authorizations
5. Final Acknowledgement Form
6. ABMP Student Membership/Insurance Authorization Form

**NOTICE OF POTENTIAL INELIGIBILITY FOR LICENSE**

Texas law:

- restricts the issuance of occupational licenses based on a license applicant’s criminal history; and
- authorizes the Texas Department of Licensing and Regulation (TDLR), in some cases, to consider a person convicted, even though the person was only on probation or community supervision without a conviction.

As an applicant/enrollee in an educational or training program that prepares individuals for issuance of an occupational license, I have been provided with the notice by the Lauterstein Conway Massage School & Clinic of the following:

- If I have been convicted of an offense or placed on probation, I might not be eligible for an occupational license issued by TDLR after I complete this educational or training program; TDLR’s criminal history guidelines are available on the TDLR website and include restrictions or guidelines TDLR uses to determine eligibility for an occupational license; and
- I have the right to request a criminal history evaluation letter from TDLR, which is explained in more detail at [www.tdlr.texas.gov/crimhistoryeval.htm](http://www.tdlr.texas.gov/crimhistoryeval.htm).

Section 53.152, Occupations Code, requires that notice be provided to each applicant and enrollee regardless of whether the applicant or enrollee has been convicted of an offense.

**REFUND AND ORDERED PAYMENTS.** State law requires TDLR to order an educational program provider to refund tuition, license application fees, and examination fees if:

- TDLR determines the provider failed to provide notice to me; and
- My license application was denied because of my criminal history.

**ACKNOWLEDGEMENT**

By my signature below, I (Print Name) \_\_\_\_\_, certify that I have read and understand the information provided above.

Signature: \_\_\_\_\_

## 500-Hour Massage Therapy Program Enrollment Agreement

### Personal Information

Student:	Student ID:
Address:	
Social Security #:	DOB:
Mobile Phone:	Other Phone:
Email:	

I certify that the above personal information is true and accurate. (Initials) \_\_\_\_\_

### 500-Hour Massage Therapy Program (450 Classroom Hours & 50 Internship Hours)

Cohort:	Class Schedule:
Class Start Date:	Last Class Date:
Internship Start Date:	Enrollment End Date:
Internship Schedule (50 individually-scheduled 1-hour massages): Sun: 10:30am-6:00pm, Tue/Thu 12:00pm-7:30pm, Wed: 10:30am-7:30pm, Fri/Sat: 10:30am-4:30pm	
Total Program Length (months):	Total Clock Hours: 450 Classroom hours, 50 Internship hours

### Tuition Agreement

Tuition: \$7,290.00	Discount <b>OR</b> Paid w/Prior Enrollment:
Net Tuition:	Deposit:

The remaining balance of \$ \_\_\_\_\_ will be paid in the following way (check all that apply):

<input type="checkbox"/> Remaining deposit:	<input type="checkbox"/> Due by:
<input type="checkbox"/> Paid in full by:	
<input type="checkbox"/> 3 <sup>rd</sup> Party Funding: TYPE COMMENT HERE	
<input type="checkbox"/> TFC Financing with the following terms: Monthly Payment: 206.74 Term: 36 months Interest Rate: 16 % First Payment Due: 10/10/2020 Total Finance Charge: Estimated Amount Due at Enrollment End Date:	

- If using TFC Financing, I have received, completed, and signed an application, Application and Solicitation Disclosures, Approval Disclosure, Final Disclosure, and Texas Retail Installment Contract. These documents are part of this enrollment agreement.
- I understand that if I am ten (10) days late on any payment, I will be suspended from class on the 11<sup>th</sup> day after payment due date and will remain suspended from class until payment and any late fees are paid.
- I understand that to be eligible to receive my transcripts, I must meet the academic and financial requirements detailed in the Course Catalog and Student Handbook and that payments made more than ten (10) days late will affect my ability to receive transcripts upon completion of academic requirement.

**Estimated Fees for Tuition, Materials and Equipment**

Admission Fee(s): \$100  
 Tuition: \$7,290  
 Massage Table: \$250 \*  
 Supplies: \$100 \*  
 Books: \$350 \*

**Total Estimated Cost:** \$8,090 \*

\* subject to change, estimate only

**Admission Non-Tuition Fees**

\$100.00 - Application fee (non-refundable)  
 [Fees below if applicable]  
 \$35.00 - Special Exceptions fee  
 \$100.00 - Re-enrollment application fee  
 \$3.00 - Re-enrollment sit-in fee hourly rate  
 \$35.00 - Re-enrollment assessment fee  
 \$25.00 – TDLR Student Permit Fee

**Additional Non-tuition Fees (if applicable)**

\$5.00 - Late payment fee	\$10.00 - Parking Permit Replacement fee
\$20.00 - NSF fee (non-sufficient funds)	\$10.00 - Parking Violation fee
\$10.00 - Make-Up Class hourly rate	\$65.00 - ABMP Exam Coach renewal fee
\$25.00 – Make-Up Class/Assessment No-Show fee	\$10.00 - Sheet Rental fee
\$55.00 - Internship No-Show fee	\$200.00 - Massage Table/Chair rental deposit
\$35.00 - Tutorial hourly rate for 1 student	\$15.00/day Massage Table/Chair rental
\$17.50 - Tutorial hourly rate per student for 2 students	\$30.00/3 days Massage Table/Chair rental \$60.00/week Massage Table/Chair rental
\$15.00 - Tutorial hourly rate per student for 3 students or more	\$100.00 - Late Special Exceptions fee
\$25.00 - TDLR Student Permit fee	\$200.00 - Extension fee
\$34.00 - Replacement School Packet	\$20.00 - Additional Transcript fee (each)
	\$20.00 - Additional Certificate fee (each)

**REFUND POLICY**

<b>Time period of written notice: (week is 7 calendar days)</b>	<b>Percentage of total tuition owed to the school</b>	<b>Percentage total tuition credited to the student's account.</b>
Within 72 hours of signing Enrollment Agreement	0%	100%
More than 72 hours but before scheduled start of class	\$100.00 – if tuition is collected in advance.	100% less \$100.00 administrative fee
During the 1 <sup>st</sup> week of class	10%	90%
During the 2 <sup>nd</sup> and 3 <sup>rd</sup> weeks of class	20%	80%
After 3 <sup>rd</sup> week & during 1 <sup>st</sup> quarter	25%	75%
During the 2 <sup>nd</sup> quarter	50%	50%
During the 3 <sup>rd</sup> quarter	90%	10%
During the 4 <sup>th</sup> quarter	100%	0%

The student will receive a full refund of all monies paid if:

- The student cancels the enrollment, in writing, within 72 hours (until midnight of the third day excluding Saturday, Sunday, and legal holidays) after the enrollment contract is signed by the student;
- The enrollment of the student was procured as a result of any misrepresentation in advertising, in promotional materials, or by the owner, the massage therapy instructors or the massage school; or
- The student was not provided ample opportunity to read the information provided in §117.62

If, after the expiration of the 72-hour cancellation period and prior to the first day of scheduled class, the student provides written notice of withdraw the school shall retain the application fee plus \$100.00 tuition if it was collected in advance.

If the student does not provide written notice of withdraw prior to the start of the first scheduled class, the student will be

considered as entering the massage therapy educational program.

If a student enters the massage therapy program and is terminated or withdraws in writing, the time period from the first scheduled class to the termination or withdraw in writing, will be used to determine if the student owes the school a balance or if a percentage of total tuition will be credited to the student's account balance. If there is a credit that creates an overpayment, the overpayment will be refunded to the student.

If enrollment is terminated before the start of the second week of classes, the student has 2 business days from termination to return any unused and unopened retail items purchased with the promotional gift card, if applicable. TLC will add any portion of the gift card balance used to the student's account balance to calculate balance or refund. The remaining, unused promotional gift card balance will be zeroed out and cancelled. For eligible return items, see Resources, School Store, Store Return Policy.

Refunds for items of extra expense to the student, such as instructional supplies, books, student activities, laboratory fees, service charges, rentals deposits, and all other such ancillary miscellaneous charges, where these items are separately stated and shown in the pre-enrollment information, will be made in a reasonable manner.

Refunds (if applicable) will be issued by check and mailed USPS, Certified mail. Refunds will be made within 30 days of formal termination or withdraw.

If additional tuition or fees are owed at termination or withdraw, they are due within 30 days. If the student owes the school any tuition or fees, transcripts will be released when the student has fulfilled their financial obligation to the school.

If a program is discontinued by the massage school or changed location such that the new location is 10 miles or more from the previous location and this prevents the student from completing the program, all tuition and fees paid shall be refunded if the student is not provided with a transcript of all successfully completed hours within thirty (30) days of discontinuance of the program.

**Notice of Right to Cancel:** This agreement may be canceled, in writing, within 72 hours (until midnight of the third day excluding Saturday, Sunday, and legal holidays) after the enrollment contract is signed by the student or parent/guardian. TLC accepts the following as written notice: dated, hand-written or typed document bearing the student's signature or an email from the email address of record.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Admissions Advisor Name (Print)

\_\_\_\_\_  
Admissions Advisor Signature

\_\_\_\_\_  
Date

### Health Information

**Disclaimer:** We gather this information in an effort to anticipate the needs of each student, to diligently maintain a safe and healthy learning environment, and, if necessary, to inform emergency personnel. We value your privacy. This information is only available to administrative staff, and is shared with instructors only on a need-to-know basis.

Please check any condition you are currently experiencing or have ever experienced (if none, select N/A):

Musculoskeletal Injury		Respiratory Condition (Asthma, COPD, Tuberculosis, etc.)	
Chronic back pain, disc problems, Scoliosis or sciatica		Diabetes, Hypoglycemia, Hyperglycemia	
Repetitive motion Injury (carpal tunnel, tennis elbow, etc.)		Cancer	
Head Trauma (concussion, TBI)		Hepatitis or HIV/AIDS	
Internal medical equipment (pacemaker, etc.)		Autoimmune Disease	
Joint Problems (arthritis, bursitis, sprains, gout)		MRSA, Herpes Simplex, Shingles or other skin conditions	
Hernia		Athletes' foot, ringworm, warts	
Multiple Sclerosis/ Muscular Dystrophy		Vision Impairment (blindness, glaucoma, etc.)	
Heart Disease, Heart Attack/Stroke		Hearing Impairment	
Blood Clot/Aneurysm		Dysmenorrhea, Endometriosis or PCOS	
Varicose Veins		Current communicable condition	
Nerve damage (neuropathy)		Attention Disorders (ADD, ADHD)	
Epilepsy, seizures, fainting, dizziness		Mood disorders (depression, anxiety)	
High or low blood pressure		Other mental illness (PTSD, etc.)	
Migraines		<b>NONE OF THE ABOVE (N/A)</b>	

If you selected any of the above conditions or need to disclose another condition, please explain. If you have undergone **any** surgery or procedure, please list here. Additionally, please include the name of any medications you are currently taking.

**Note:** TLC reserves the right to require students to provide a doctor's clearance to give/receive massage:

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Emergency Contact Name \_\_\_\_\_ Phone# \_\_\_\_\_

By signing below you acknowledge:

- I attest that the above medical information is true and correct to the best of my knowledge. I notified the Lauterstein Conway Massage School & Clinic of all pre-existing conditions. Further, I understand that, should my health status change, I am required to notify the school administration immediately.

- I attest that I am in good health and that I discussed all health issues with the Admissions Counselor prior to my enrollment. I understand that certain conditions may be aggravated by giving and/or receiving massage or hydrotherapy. I am prepared to care for myself and communicate with instructors should complications occur. Further, I understand it is my responsibility to provide doctor's orders for any special accommodations/modifications I require.
- I understand my learning experience includes giving massage and hydrotherapy. I realize that this is a physical activity and understand I must have the ability to stand, bend at the knees and hips, squat, lift, and squeeze the hands without pain or discomfort.
- I understand my learning experience includes receiving massage and hydrotherapy. I realize that this is a physical activity and understand that students receive massage while fully disrobed and appropriately draped so that their classmate(s) can learn to perform the routines correctly. Students can wear underwear and/or socks as needed for hygiene.
- I understand that if I become pregnant during the program, I may need to withdraw because of the inherent contraindications.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Date

### Miscellaneous Information and Authorizations

#### Vehicle Information

I understand the parking rules outlined in the Course Catalog and Student Handbook and I agree to abide by them. I understand that failure to do so may result in a \$10 fine, per incident and/or my vehicle may be towed with recovery being at my own expense.

Vehicle Make/Model/Year: \_\_\_\_\_

Vehicle Color: \_\_\_\_\_ Plate#: \_\_\_\_\_

#### Release of Records Authorization

I Hereby authorize the release of school records, documents, or financial information concerning my education at the Lauterstein Conway Massage School & Clinic to the following (if not applicable, please enter N/A):

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Email \_\_\_\_\_

#### Model Release

I give the Lauterstein Conway Massage School & Clinic, Inc., its successors and assigns, and those acting under its permission or upon its authority, permission to copyright, publish, produce or broadcast any photographs, likenesses, audio, or video recordings of myself with or without my name and to make changes in or additional to such materials, in such a manner as will seem proper with their use. I understand that there may be editorial matter with might accompany these photos.

(Initial ONE) \_\_\_ Approve \_\_\_ Decline

#### Final Acknowledgement

By signing I acknowledge:

Prior to enrollment, I received the Course Catalog & Student Handbook which contains the following information:

- Program outline
- Admissions Requirements
- Schedule of Tuition, fees, and other charges

- Cancellation and refund policy
- Program schedule, including length of time for completion, including internship hours
- Class schedule, including information on breaks
- Attendance, progress and grading policies, including requirements and fees for make-up hours
- Instructor list with credentials
- Student/Teacher ratio
- Conduct Policy
- Explanations of the difference between loans and grants
- Grievance Policy
- Notice that 500 clock hours must be successfully completed before a student can be licensed

Prior to enrollment, I was given an opportunity to tour the facility and inspect equipment.

Prior to enrollment, I was given an opportunity review the Enrollment Agreement.

Prior to enrollment, I was given an opportunity to read the Massage Therapy Act (Texas Occupations Code, Title 3, Subtitle H, Chapter 455) online at <https://statutes.capitol.texas.gov/Docs/OC/htm/OC.455.htm> and the rules of the department included in 16 Texas Administrative Code, Chapter 117, and made aware that I can access the most up-to-date version online at <https://tdlr.texas.gov/mas/masrules.htm>.

Prior to enrollment, I was informed that the Massage Therapy Act states that a person is ineligible for licensure if the person was convicted, pleaded nolo contendere or guilty to, or received deferred adjudication for crimes or offenses under Chapter 20A, Penal Code, or Subchapter A, Chapter 43, Penal Code, or another sexual offense.

I understand that complaints may be made to the Texas Department of Licensing and Regulation, Massage Therapy Program, PO Box 12157, Austin, TX 78711, 512.539.5600, or [www.tdlr.texas.gov](http://www.tdlr.texas.gov).

I have furnished information disclosing my previous education, training, and work experiences. I understand that this will be evaluated in accordance with school policy and TDLR regulations and may result in the program length being shortened or the cost reduced.

I understand the State of Texas only requires 500 hours of course instruction for licensure as a massage therapist; anything beyond that is strictly voluntary.

I understand that the Lauterstein Conway Massage School & Clinic does not guarantee certification, licensure, or employment as a result of this training.

I understand that students will to give and receive massage from a variety of individuals; including, but not limited to their assigned trade partner, instructors, instructor assistants, and the Education Director. This educational bodywork will be regardless of gender or other considerations. When receiving massage, students are expected to provide unimpeded access to target structures and may not wear anything more than thong bottoms.

I understand that I am expected to read the Course Catalog & Student Handbook prior to my first scheduled class. Furthermore, I understand that I am required to abide by the policies and procedures contained therein.

I confirm that I read and understood the terms and conditions detailed in this Enrollment Agreement for the Lauterstein Conway Massage School & Clinic's 500-hour massage therapy program. I understand that this Enrollment Agreement, along with the Course Catalog & Student Handbook details what I can expect from this program and what is expected of me. Further, I understand that no additional goods or services - either stated or implied - are a part of this Enrollment Agreement. I understand that this Enrollment Agreement is a legally binding document, subject to applicable federal and state laws. Should it be determined that any provision herein is invalid or unenforceable shall in no way affect the validity or enforceability of any other provision.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Date