

Chicago School of Thai Massage

Application for Admission

Six Month Diploma Program

A complete application must include:

- a. The application form filled out completely and emailed or snail mailed.
- b. \$300 Deposit – paid by credit card (fill out the information at the end of this application) or by check made out to "Chicago School of Thai Massage"

Please mail the application to:

Chicago School of Thai Massage
PO Box 6046
Lindenhurst, IL 60046
Or email to info@chicagoschoolofthaimassage.com

The next step:

Once we receive your completed application and deposit, we will contact you for a phone interview.

General Information

Date of application _____

Program Location _____

School Start Date _____
Month year

Birthdate _____
Month/Day/Year

First Name _____ Last Name _____

Address _____
Street

_____ City State Zip

Phone (_____) _____ (_____) _____
Cell Home

Email _____

Please print legibly!

Emergency Contact

First Name _____ Last Name _____

Phone (_____) _____ (_____) _____

Email _____

Please print legibly!

Introduction to CSTM

How did you first learn about CSTM?

If you looked up our website, what search words did you enter?

If there is a specific individual who recommended you to CSTM, please write their name below.

Name _____

What were important factors in making your decision to apply?

Education

High School _____

Location _____ Graduation _____
Year

College / University _____

Location _____

Dates Attended _____

Degree Earned _____ Major _____

Other Training / Education / Degrees (Please include any certifications or training you may have received in bodywork, yoga, alternative medicine or therapies or training in any other fields)

Skills / Hobbies / Interests

Previous / Current Education or Experience with General Bodywork

Previous / Current Education or Experience with Thai Massage

Have you received a Thai massage before? Yes_____ No_____

Have you been to Thailand or Southeast Asia? If yes, where and when?

Previous / Current Education or Experience with Meditation? If yes, please describe.

Are you open to learning a form of meditation that comes from the type of Buddhism practiced in Thailand? Yes _____ No_____

Previous / Current Education or Experience with Yoga (If so, please state type of yoga practiced, main teacher(s) and for how long)

Previous / Current Education or Experience with other Asian modalities such as Tai Chi or Chi Gong, etc?

Thai massage is done on a mat on the floor. It is a physical practice. Would you have challenges working on your knees or with any other sort of physical issue? If yes, please explain.

Statements of Understanding About the Thai Massage Program at CSTM

____ I acknowledge that I understand that this program is not a massage license program. CSTM does not have accreditation by any agency which is acknowledged by the State of Illinois, or any other state, which would allow licensing by a state board.

____ I acknowledge that I understand that Chicago School of Thai Massage offers the opportunity to become a Licensed Massage Therapist. We are partnered with the Chicago College of Healing Arts and offer an LMT program with a focus on Thai Massage. If at any point, now or in the future after attending CSTM, you may attend this program and receive credit for our portion of the program.

____ I acknowledge that I understand that if I am **not** a Licensed Massage Therapist (LMT) I cannot use the word "massage" to describe the work that I will do. Thai Yoga Therapist, Thai Bodyworker, Thai Therapist are all used in the field.

____ I acknowledge that I understand that although CSTM grants enough classroom hours to become a Registered Thai Therapist (RTT) with the Thai Healing Alliance, you must wait one year from your first Thai massage class (either at CSTM or elsewhere) before you can apply.

____ I acknowledge that I may be self-employed in my chosen field and that CSTM does not guarantee a job or clients to any graduates.

____ I acknowledge that I will receive or have received at least one Thai massage before starting this program.

____ I agree with the terms of the refund policy as stated in the catalog. Please access the catalog on the contact page of our website.

____ I agree with the terms of the payment policies as stated in the catalog and this application below.

I certify that I have read and understand the previous Statements of Understanding and I declare that all information provided on this application is true to the best of my knowledge.

Signature _____

Date _____

Payment information

A deposit of \$300 is due with this application. The deposit holds your space in this 6 month program. Subsequent tuition is due on the first Thursday of each weekend class. You can pay by credit card, cash or check. However, even if you pay by cash or check, we still must have a credit card on file.

Please check one of the two options below:

Early Registration: You will receive the early registration price (\$2700) if you fill out this application and submit your deposit before the early registration deadline, one month prior to the first day of class. The exact date is stated on the website. You will pay the \$2700 in installments of \$400 per weekend class.

___ I am signing up before the early registration deadline.

Regular Registration Information: If you fill out the application and pay the deposit less than one month from the first day of class, you will pay the full price of \$3000. This will be paid in installments of \$450 per weekend.

___ I am registering less than one month before the first day of class.

Please check one of the two options below regarding your deposit:

___ I am enclosing a deposit of \$300 by check made out to **Chicago School of Thai Massage** and sending it to: **PO Box 6046 Lindenhurst, IL 60046**

___ I am allowing the Chicago School of Thai Massage to debit the \$300 deposit from my credit card listed on this application.

Please check one of the two options below regarding how you would like to handle the monthly installment payments once school begins.

___ I am allowing the Chicago School of Thai Massage to automatically debit my monthly tuition on the first Thursday of each weekend class from the credit card listed on this application

___ I would like to pay by check or cash each month, or I would like to leave my options open at this time.

If you are paying by credit card, please state the number below. If you are not paying by credit card, we will still need your credit card number. You can include it below or you can give it to us on the first weekend.

Card Number (Visa or MC Only) _____

Expiration Date _____

Chicago School of Thai Massage does not discriminate in admission practices on the basis of race, sexual preference, color, religion, age, marital status, national or ethnic origin.