

# ENERGYTOUCH® SCHOOL OF ADVANCED HEALING

P.O. Box 158, Lowell, MI 49331 - PHONE: 616-233-3001 - EMAIL: INFO@ENERGYTOUCHSCHOOL.COM

## 2023 Year-Three

### Re-Enrollment Form for Year-Three of the 3YR Certification Program

To assure timely processing of your continued enrollment, please type or print clearly, make sure you answer all questions, and submit any copies and photos as requested.

**Dec 01, 2022 - Full Payment Discount Due Date**  
**Jan 15, 2023 - First Scheduled Payment Due Date**

#### Schedule - Year-Three

Refresher	NOV 07 - 11/2022
Wk 1	MAY 22 - 26
Wk 2	JUL 24 - 28
Wk 3	SEP 25 - 29
Wk 4	NOV 13 - 17

Name: \_\_\_\_\_ Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
FIRST MIDDLE LAST DAY MONTH YEAR

Address: \_\_\_\_\_  
STREET CITY STATE/PROV CODE

Telephone (include Area Code or Country/City Codes as applicable)

(HOME) \_\_\_\_\_

(CELL) \_\_\_\_\_

(WORK) \_\_\_\_\_

Email: \_\_\_\_\_

Anatomy & Physiology Course Complete?  YES  NOT YET

If not yet, expect date of completion: \_\_\_\_\_

#### Relationship Status

Single  Married  Significant Relationship

Children?: \_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Include Area Code or Country/City Codes as applicable

**Anatomy & Physiology Requirement:** A general understanding of Anatomy & Physiology is required prior to advancement. College level, on-line courses, etc., are acceptable. Have you taken an Anatomy & Physiology course?  YES  No

**Health Status:** Please list any new health issues that you are receiving treatment for. **If your information has NOT changed write SAME.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications & Conditions:** Please list any medications that you are currently taking and for what condition they are being taken.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit this original signed copy of this application and retain a copy for your records.

**Include with this enrollment form  
a personal photo taken within the past 6 months.**

My signature indicates that the information submitted in this application is true and accurate.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

You will be acceptance into the EnergyTouch® Certification program unless advised otherwise via postal mail. You may also request a packet with logistics information including current accommodation locations.

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## Therapy and Self-Care Requirement

EnergyTouch® training is a time of intense energy transition and learning. This therapy and self-care requirement is designed to insure that each student is making a conscious effort to address the additional challenges that often develop during the course of this training, and to facilitate a healthy balance of mental, emotional, and physical health during these times.

### 1. Professional EnergyTouch® Therapy

Ongoing participation in the EnergyTouch® School of Advanced Healing requires students to complete one (1) Professional EnergyTouch® Therapy session per month with an authorized EnergyTouch® Practitioner. These sessions cost \$100 each. The purpose of these monthly EnergyTouch® sessions is to provide a safe setting where students can privately address issues and challenges that arise in the process of their growth.

### 2. Personal Self-Care

In addition to the Professional EnergyTouch® Therapy session, students are required to focus their attention on their unique physical needs to facilitate a healthy balance of mental, emotional, and physical health during these times of energy transition. Since students may have different needs at different times the self-care requirement could include any other form of self-care such as body work, exercise, yoga, martial arts, nutrition, etc.

Satisfactory compliance with the Professional EnergyTouch Therapy and Personal Self-care requirement is required to advance in the EnergyTouch® program.

\_\_\_\_\_  
Please Print Your Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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## Tuition Payment Agreement-Please check the appropriate box

**\$400. Payment - A re-enrollment class fee is due with this form** and will be credited towards your tuition if you choose to re-enroll. Make checks or money order payable to: **EnergyTouch, Inc.** Mail to: **EnergyTouch, PO Box 158, Lowell, MI, 49331-0158**

~~\$5,500~~: **\$5,100 Payment in Full** - A discount of **\$200** is offered if your **\$5,100** payment is received by **December 1, 2022**.  
*or*

~~\$5,700~~: **\$5,300 Scheduled Payment Plan** - If you are unable to make payment in full we offer the following interest free scheduled payment agreement. Payments may be made by Check or Money Order (payable to EnergyTouch, Inc.), or by Credit Card using PayPal. To accept the scheduled payment plan, please print and sign your name with today's date below. PayPal invoices will be emailed.

I understand that by signing below and returning this enrollment form I am agreeing to the payment schedule below, which will come into affect upon my acceptance to the EnergyTouch School of Advanced Healing:

Tuition is **\$5,300** after **\$400 re-enrollment Credit**  
Scheduled payments are due as follows:

Re-Enrollment Fee: Yr 2 Wk 4 Class (Day-One)			
<b>Due with this form.</b>		<b>\$ 400.00</b>	
Year-Three Tuition Due Dates			
<b>JAN 15, 2023</b>	<b>\$ 800.00</b>	<b>JUL 1, 2023</b>	<b>\$ 500.00</b>
<b>MAR 1, 2023</b>	<b>\$ 500.00</b>	<b>AUG 1, 2023</b>	<b>\$ 500.00</b>
<b>APR 1, 2023</b>	<b>\$ 500.00</b>	<b>SEP 1, 2023</b>	<b>\$ 500.00</b>
<b>MAY 1, 2023</b>	<b>\$ 500.00</b>	<b>OCT 1, 2023</b>	<b>\$ 500.00</b>
<b>JUN 1, 2023</b>	<b>\$ 500.00</b>	<b>NOV 1, 2023</b>	<b>\$ 500.00</b>

Print your name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Tuition Payments

**After your enrollment form has been accepted** we will begin emailing PayPal digital invoices for tuition payments. These will be sent approximately one week prior to their due dates. Please be sure to include your email address below for these invoices. You may pay by check or money order. Please make your payments payable to: **EnergyTouch, Inc.**

and mail them to: **EnergyTouch, Inc.**  
**PO Box 158**  
**Lowell, MI 49331**

**If you choose you may pay using a Credit Card.**

For security reasons we do not accept or store printed credit card information. Please use the PayPal invoice you receive via email. You do not need to have a PayPal account to pay our invoices with a credit card.

Email: \_\_\_\_\_