



Body In Mind Massage Institute
1837 Hooper Ave, Toms River NJ 08753
732-608-7781
Fax 732-608-7786

STUDENT APPLICATION
600 Hour Massage Therapy Certification Program

Personal Information:

Name: _____ Date of Birth _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Social Security #: _____

Emergency Contact: _____ Phone # _____

Session you wish to attend:

- Day Class: Date _____ M-W 9am - 5pm and Four Weekends
- Night Class: Date _____ M-W 6pm - 10pm and Five Weekends

Education/Training Information:

High School from which you graduated/earned GED: _____

City and State: _____ Graduation Date: _____

College or Other Training Completed:

Name of School/College: _____

Dates Attended: _____ Degree/Certification: _____

Name of School/College: _____

Dates Attended: _____ Degree/Certification: _____

Employment Information:

Current (or last) Employer: _____

Position: _____ Employment Dates: _____

Personal References: (two references other than family)

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Health Information:

Information will be kept confidential. Body In Mind Massage Institute does not discriminate based on age, gender, race, religion or disabilities.

- High Blood Pressure
 - Osteoporosis
 - Circulatory problems
 - Are you pregnant? If so, how many months? _____
 - Have you had any contagious disease within the last two (2) years? _____
 - Are you under care for any other physical or mental condition? _____
 - To insure your success during your education, please let us know about any challenges in learning comprehension or study skills _____
 - None of the above
- Chronic Back Pain
 - Arthritis
 - Allergies-Food/Latex
- Diabetes
 - Varicose Veins
 - Epilepsy

How did you find out about our school? _____

To complete the application process, you will need to provide the following:

- A copy of your Driver's License or Photo Id
- A copy of your High School Diploma or GED (may be sent after application)
- A \$50.00 non-refundable Application/Registration fee
- Schedule an interview with the Director of the school

By signing below, you understand and attest that all the information provided is accurate and truthful to the best of your knowledge. Any falsification or withholding of pertinent information may result in the rejection of application or dismissal from the program. Please note that class size is limited and submission of this application does not guarantee placement.

Student Signature: _____ Date: _____