

HAPPY HEALER INSTITUTE

P.O. Box 7181, Newport Beach, CA 92658 Phone: (949) 360-1004 Email: helga@happyhealer.com Website: www.happyhealer.com

2004/2005 CONFIDENTIAL NEW STUDENT QUESTIONNAIRE

STUDENT INFORMATION

Last Name MI First Name

Address City State/Zip

Home Phone Work Phone

Age Date of Birth SS# Email

Male Female Single Married Other _____

Please describe

Fluent in English Yes No Primary Language _____

Current occupation # of years in this career

current photo
(head and shoulder picture)

Have you ever been convicted of a crime? If so, when? Please describe:

Have you ever served a sentence in jail or prison? Please describe:

Emergency Contact: Name Address Phone

HEALTH INFORMATION

Do you have any physical limitations? If so, please list:

Please provide medical history, including hospitalizations, therapies, injuries, chronic problems, addictions and so forth. Include medications and mind altering substances taken or that you are currently taking. Attach additional sheet, if necessary:

EDUCATIONAL BACKGROUND

Please indicate your highest degree:

High School College Graduate Other _____

Please describe

School Name	Location	Course of Study	Dates Attended	Degree Attained
High School				
College/University				
Continuing Education				
Other				

Do you hold a Reiki certificate? If so, which level: First Second Master Teacher

Do you have a health care license? If so, in which field:

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2004/2005 CONFIDENTIAL NEW STUDENT QUESTIONNAIRE
(continued)

PERSONAL INFORMATION

List personal growth or spiritual growth seminars or classes taken, if any.

Please describe your interest in the healing arts:

Which aspect of the Happy Healer Institute are you most attracted to:

- Energy Medicine Inner Wisdom Teachings Experiential Spirituality

What do you wish to achieve by attending the Happy Healer Institute?

Is there anything else we should know about you?

All statements on this form are true and complete to the best of my knowledge.

Date

Signature

Print Name

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Student Enrollment Agreement Academic Year 2004-2005

The Happy Healer Institute ("HHI") is a three year healing school offering a school diploma after attendance of all three years has been completed. In order to obtain the diploma, each student must complete all requirements set forth by HHI. This includes personal class attendance, fulfilling homework requirements, anatomy and physiology studies, and practicing and recording intuitive and energetic healing skills. All classes must be paid for on an annual/quarterly basis.

1. Attendance. Personal class attendance is critical. If a student misses more than two blocks of training (two 3-day weekends), attendance must be "made up" at a later time. A diploma can only be received after making up all time needed for graduation as instructed by the school's director.

2. Anatomy and Physiology. Each student must submit proof of studies of Anatomy and Physiology within the first two years of study with HHI. This may consist of a class taken during prior health care studies, attendance of a class at a junior college, or a long distance training course.

3. Homework Assignments. Students must agree to comply with all homework assignments, consisting of reading assignments, practical hands-on healing assignments, recording of healings given, intuitive exercises, regular spiritual practices such as meditation, dream work, journaling exercises and the like. All homework assignments must be submitted on a timely basis, as requested by the instructor(s).

4. Tuition. Tuition for the 2004-2005 academic year is \$1,800.00. If paid in full up to one month prior to the begin of the school year, a \$100.00 discount is given, totaling \$1,700.00 for the entire year. Tuition may also be paid in four quarterly installments of \$450.00. This tuition includes four three-day meetings (12 days) per year and covers all class time and handouts as well as lunches which are organized by the hotel in which the school curriculum is taught. Tuition does not cover travel, overnight stays, required books, or elective healing sessions. Tuition must be received by HHI at least one month in advance of each quarter. If paid less than one month before each quarterly training, a \$25.00 penalty will be added to the outstanding amount. Tuition may be paid in cash, money order, personal check, cashier's check or credit card. If a personal check is returned for lack of funds, there will be a \$25.00 penalty.

5. Massage Table. If a local student provides his or her own massage table for use at HHI, such student may receive a \$25 deduction of tuition per quarter. (Please contact HHI for details.)

6. Healing Sessions. Each student should receive a minimum of six annual healing session from an HHI-approved healer. This may be an Energy Healer, Shaman, Reiki Master, Psychotherapist or other gifted healer. All healers chosen by students must be pre-approved by HHI in order to receive credit for the healing sessions. (A list of pre-approved healers will be provided to each student during the first day of class.)

7. Cancellation and Termination. Any student who wishes to withdraw from the school must submit such a request in writing to the school director by August 15, 2004. After August 15, 2004, no refunds will be issued. HHI reserves the right to dismiss any student who, in the sole judgment of HHI, fails to abide by HHI rules and regulations, ethical standards, or program requirements if HHI considers that such action is in the best interest of HHI and its students.

8. Policy Changes. HHI reserves the right to make adjustments to the curriculum, homework assignments, graduation requirements, fees and course dates as HHI deems necessary.

I understand and accept the foregoing Student Enrollment Agreement and agree to follow all terms and conditions in their entirety.

Date: _____

Student Name

Signature

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Informed Consent and Release Academic Year 2004-2005

The undersigned, in consideration of the mutual promises set forth below, and for other valuable consideration, the receipt of which the undersigned acknowledges, agrees as follows:

I have registered for the Happy Healer Institute Program, which includes classes and other activities (the "HHI Program") offered by the Happy Healer Institute. I understand that the HHI Program is designed for healthy and emotionally stable individuals who are interested in furthering their personal growth through studies of energy medicine, inner wisdom teachings and experiential spirituality.

I represent to you that I am not now, nor have I ever been, hospitalized for a mental or emotional disorder. I am not currently taking psychotropic medications (including anti-anxiety medications) or sedatives and no such drugs have been recommended to me. I further represent that I am physically, emotionally and mentally healthy. If any questions or doubts arise, I will consult a physician.

I acknowledge that the HHI Program involves students practicing hands-on healing techniques on each other and that therefore other students will also be practicing on me. I consent to this mutual hands-on practice and I agree that HHI will not be liable or responsible in any way for any aspect or outcome of this mutual hands-on student practice.

I acknowledge strict confidentiality of identity and conversations of other students in the HHI Program. I agree not to divulge or discuss any class materials and conversations outside of the HHI Program.

I understand that all materials presented by HHI are the property of HHI and I agree that videotaping, audiotaping, photographic and photocopying of all or any portion of the HHI Program is strictly prohibited. I herewith agree not to duplicate, copy or reproduce any of the materials received during the HHI Program.

I assume for myself, heirs, executors, administrators and assigns complete responsibility for all risk of physical and emotional injury which may occur during or after the HHI Program. I agree to hold harmless HHI and its representatives from any liability, loss, cost or damage arising out of my participation in the HHI Program.

I understand and accept the foregoing HHI rules and regulations and that my signing this Consent and Release will cover the entire duration of my participation in the HHI Program.

Date

Student's Name

Signature

Student Payment Agreement

Academic Year 2004-2005

DATES: Sept.ember 3-5, 2004, November 26-28, 2004, February 18-20, 2005, May 13-15, 2005

In order to pay your tuition, please select one of the payment options below.

Payment In Full

If prepayment in full is received by August 1, 2004 for the entire academic year (September 2004 through May 2005), the total amount due is \$1,700.00. This payment may be made by personal check, money order, cashier's check, or credit card. Please provide your credit card information below.

Quarterly Payments

A credit card is required for this option. Please provide your credit card information below.

I authorize HHI to charge my quarterly school fees of \$425.00 to my credit card account. Upon acceptance of my application to attend the academic year 2004-2005, I authorize credit card charges to be made on or after:

August 15, 2004

October 15, 2004

January 15, 2004 and

April 15, 2004

Minus \$100.00 Discount for providing my own massage table to school (by special permission of HHI)

CREDIT CARD INFORMATION

Visa

Mastercard

American Express

Full name as listed on credit card

Credit Card Number

Expiration Date

Three Digit Verification Code
(on back of credit card)

Zip Code For Billing Address

I, the undersigned, have read and fully understand the terms and conditions of the payment option I have selected. I agree to keep the terms and conditions of this Payment Agreement and the Student Enrollment Agreement.

Date: _____

Print Name

Signature