



Please Print or Type

Name _____ Date _____

SS# _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____

Age _____ Sex _____ Birth Date _____ Citizen of USA? Yes No-Visa Type _____

Do you speak, read and write English? Yes No Did you Attend a: Presentation Tour None

Education: Do You Have a: High School Diploma or GED

Name of High School: _____ Year Graduated _____

College Completed: Associates Degree BA or BS Degree Other Degree: _____

Have you been treated for any major medical or physical conditions in the past five years? Yes No

If yes, please explain:

Do you have a documented learning disability? If Yes please provide details, and documentation. Yes No

Have you ever been convicted of a Felony or Misdemeanor other than a traffic offense? Yes No

If yes, please explain:

Class Applying For (Please Check One Program Per Registration Form)

Massage Therapy Program

- 25-week Massage Therapy
- 36-week Massage Therapy
- 25-week Manual Therapy

Allied Health Program

- Phlebotomy

Holistic Health Program

- Holistic Health Practitioner
- Acupressure (HHP2)
- Holistic Health 3

Personal Trainer Program

- Personal Trainer

Please Choose One

- Evening Class
- Day Class

Class start date: _____

Program registered for
if not listed above: _____

Name of current employer: _____ Position _____

Phone number _____ Supervisor _____ Number of years _____

Address _____

In case of emergency notify:

Name _____ Phone _____

Address _____ Relationship _____

Vision Statement

Please give us a statement of your background, motivation and goals as they relate to your decision to study at our Academy. Attach this statement on a separate sheet.

A \$100.00 application fee must accompany this application. Falsifying information on this application will be considered cause for dismissal from this program without refund of any monies paid. All registrations are subject to review and approval by the registration committee.

By signing below, I certify that All the information on this application is True and Correct. By my signature to this application I am formally requesting that the Academy provide me with a seat in the upcoming _____ class.

Signature _____ Date _____

Accepted by (Registrar) _____ Date _____

The Blue Heron Academy is an Equal Opportunity-Affirmative Action Institution and does not discriminate based on age, race, color, religion, sex, national origin, ancestry, disability or handicap for any educational opportunity

Mail Application and Fee to: Administration Office

Blue Heron Academy
2040 Raybrook SE, Suite 104
Grand Rapids, MI 49546
Phone: (616) 285-9999
Toll Free: (888) 285-9989
(Outside of Grand Rapids Area)

Office Use Only

Date acceptance letter and new student paperwork was mailed: _____

Registration fee paid: _____ Initials _____

Notes: _____