

APPLICATION

SHEA EDUCATIONAL GROUP, INC.
d/b/a International School for Colon Hydrotherapy
13878 Oleander Ave Juno Beach, FL 33408
561.775.9912

www.cathysheaschool.com ***info@cathysheaschool.com***

NAME

ADDRESS

CITY

STATE

ZIP

COUNTRY

HOME PHONE

WORK

MOBILE

EMAIL

Your preferred mode of communication? Telephone Text Message Email Facebook

CURRENT PROFESSION

HOW LONG?

PREVIOUSLY

LIST ALL EDUCATIONAL DEGREES EARNED

LICENSE NUMBER if applicable and specialty

D.O.B.

REFERRED BY

In order to have some idea of your learning style, please answer the following questions to the best of your ability so we may assist you as you study:

1. Do you absorb information better as a reader or a listener or by experience?
2. Does writing notes immediately make it easier to remember ideas?
3. Are you a loner or do you work better as part of a team?
4. Are you best in a structured, predictable environment?
5. Do you exercise? Please describe.

6. Do you consider yourself to be a patient person?
7. Do you practice a contemplative discipline? If so, describe.
8. Have you ever had any colon hydrotherapy treatments? When and why?
9. Was it a closed system with disposable tubing?
10. Have you studied human ANATOMY & PHYSIOLOGY? WHEN?
11. Are you free to take a time off and travel to Florida for the course?
12. Are you under the care of a doctor or health professional? If yes, explain.
13. Do you have a medical condition that requires you to take prescription medications daily? If so, explain.
14. What is the best time of day to reach you?
15. Please list your 3 top strengths:
 - 1.
 - 2.
 - 3.
16. List 3 areas where you want to improve:
 - 1.
 - 2.
 - 3.
17. Have you ever been convicted of a felony? If yes, explain:
18. What health related books have you read?
19. Describe your relationship with food.
20. What is your personal mission?

21. Explain any treatment for mental or emotional challenges. When, medications, etc.

22. Please write a paragraph about why you are interested in this program.

23. COURSE DATE REQUESTED: _____

CANCELLATION POLICY: If applicant cancels after paying any money to Shea Educational Group, Inc., they have the right to transfer to another course date within 12 months of application. Shea Educational Group, Inc. reserves the right to retain all tuition payments. WE MUST HAVE A 60 DAY NOTICE FOR THE APPLICANT TO TRANSFER TO ANOTHER COURSE DATE. ANY TRANSFER OF LESS THAN 60 DAYS IS SUBJECT TO A \$1000 FEE. NO REFUNDS ARE GIVEN.

By signing this form, I understand and agree to the following:

1. I have read and fully understand the Cancellation Policy below. Shea Educational Group, Inc. has my permission to perform a background check on me. I submit the required **MEDICAL RELEASE** from my doctor confirming that it is safe for me to participate in colon hydrotherapy treatments. I understand that entrance to and dismissal from this program may be based on objective and subjective criteria.
2. All course lectures and materials will be delivered in English. If English is not your primary language, you may be required to bring a translator at your expense.

SIGNATURE OF APPLICANT: _____ DATE: _____

IF YOU WISH TO MAKE PAYMENT BY CREDIT CARD, PLEASE COMPLETE:

The cost of the Foundation Program is \$4900, and I authorize payment to the credit card below. I understand this charge will show as Shea Educational Group, Inc. on my statement for payment of tuition.

Credit card number: _____ Exp. _____ Sec. Code _____

Billing address if different from above:

Amount Authorized:

SIGNATURE: