

fromthecenter[®]

PILATES TEACHER TRAINING

River North 220 W. Huron St, #3003 773-528-1099
Uptown 4721 N. Clark St 773-334-1199

www.fromthecenterpilates.com
fromthecenter@msn.com

2011-2012 APPLICATION

For consideration into the FTC Pilates Teacher Training Program, please include the following items included with your application: a current updated resume, a Letter of Intent, a Letter of Recommendation from your current Pilates Instructor.

Placement in the FTC Pilates Program may be subject to an evaluation and testing

PLEASE PRINT

Name:

Address:

City:

State:

Zip Code:

Phone #s: w: () - h: () - c: () -

E-mail: @

Current Occupation: Age:

Referred by: Name:

Address:

City:

State:

Zip Code:

Phone #s: w: () - h: () - c: () -

E-mail: @

Emergency Contact Name:

Relationship:

Phone #s: w: () - h: () - c: () -

QUESTIONNAIRE

PILATES

Do you meet the Program prerequisites? Y N
Explain.

Will you before the Program begins? Y N
Explain.

What is your Pilates experience?

What “style” is your current Pilates instructor trained under?

What “style” do you consider your interest? Explain.

Why have you chosen FTC’s Pilates Teacher Training Program?

What do you hope to gain out of FTC’s Pilates Teacher Training Program?

Have you taken any Pilates services at FTC? Y N
Explain.

How many of the following Pilates services have you taken:
Private Sessions:
Semi-Private Sessions:
Reformer Classes:
Mat Classes:

Do you understand the Program requirements? Y N
Explain.

Do you understand the Program is structured in weekend modules requiring you to self study? Y N
Explain.

Do you understand the Program requires you to fulfill Clinic Hours? Y N
Explain.

Where will you be fulfilling your Clinic Hours?

Do you have the Pilates Studio owner’s permission to fulfill your Clinic Hours at this location? Y N

FITNESS/MOVEMENT BACKGROUND

Do you currently workout? Y N
Explain how, style, interests, etc.

What is your dance background?

What is your fitness background?

What is your movement/ fitness teaching background?

Do you currently teach movement? Y N
Explain style, interests, history, etc.

Do you have body problems, issues, imbalances that you are aware of?
Explain.

What skills do you possess that you believe would make for an excellent Instructor?

Do you or have you ever meditated? Y N
Explain.

EDUCATION BACKGROUND

Do you hold any Movement or Training Certification(s) or Degree(s)? Y N
Explain where, years, etc.

Have you had a formal Anatomy class? Y N
Explain.

Will you before the Program begins? Y N
Explain.

PAYMENT PLAN CONTRACT

From The Center of Chicago, Inc (FTC, Inc.) offers payment plans for individuals enrolling in FTC's Pilates Teacher Training Programs. Individuals needing payment plan options will be asked to meet with a FTC Company Representative, either via telephone or in person, to agree on payment plan options and sign a completed contract. All parties will sign and date the contract before an individual will be allowed into any Module or Workshop.

TERMS

SECURITY DEPOSITS

Security deposits may not be used as part of payment plan options.
Security deposits are non-refundable.

PAYMENT PLAN OPTIONS

Payments are due 1 week before each training Module date and Exam date.
FTC will divide the full program cost into the total number of training Modules per program and Exams:

Full Equipment Program: 1 Fundamentals Class, 4 Modules, 1 Mid-Term Exam and 1 Final Exam equaling 7 total payments due. All payments must be completed before the Final Exam date. Anatomy Class is optional only with college course transcripts. Group Study Class is optional at \$15 per class payable at each class.

LATE FEES

A 15% Late Fee will be added to all late Payment Plans.

CREDIT CARD ON FILE

Individuals needing payment plan options must provide a current credit card in their name with current address and billing zip code.
All payments will be charged to this credit card unless other options have been made in writing.
Those individuals who have provided written options not to use this credit card as payment and only as security and are late on payments will be charged with this credit card one (1) day before the training Module and will be assessed a 15% (fifteen) Late Fee.

TERMINATION

Individuals who resign from the FTC Pilates Teacher Training Program, at any point of training, regardless of reason(s), are fully bound and responsible for any and or all outstanding balances due and will be charged the full outstanding balance due on the 'Credit Card on File' unless other options have been made in writing.
Late Fees will be added to all late Terminations.
FTC has the right to obtain Legal Council for all outstanding balances and that all outstanding balances, collection fees and attorney fees will be charged to the individual enrolled in the FTC Pilates Teacher Training Program.

“My signature below signifies and certifies the following:

I have submitted my Application to FTC for acceptance in the FTC Pilates Teacher Training Program.
I have submitted my non-refundable security deposit to hold my placement in the FTC Pilates Teacher Training Program.
A FTC company representative will notify me of my acceptance either in writing, by telephone or in person.
I may decline acceptance but not receive my non-refundable security deposit back but, arrangements can be made for this payment to go towards Pilates services at From The Center of Chicago, Inc.”

“My signature below further signifies and certifies the following:

I have read and understand the terms, structures, modules, requirements of the FTC Pilates Teacher Training Program.
I have read and understand the financial terms outlined in the FTC Pilates Teacher Training Program.
An oral statement and presentation has been made to me by a FTC Company Representative either in writing, by phone, in person or e-mails, concerning the FTC Teacher Training Program terms, structures, modules, requirements and all of the financial terms.
I recognize, understand and agree that From The Center, of Chicago, Inc maintains the right to modify, change or add to the FTC Pilates Teacher Training Program, policies and provisions contained in FTC Pilates Teacher Training Program and I will do my best to abide by these modifications, changes or additions without complications.”

“My signature below further signifies and certifies the following:

An oral statement and presentation has been made to me by a FTC Company Representative, either via phone or in person, concerning my need for Payment Plan Options.

I completely understand the full cost of the Program, all payments amounts, all payment dates, Credit Card on File terms, Checking Account on File Terms, security guidelines, Late Fees, terms, policies, rules and regulations of the FTC Pilates Teacher Training Program.

I give From The Center of Chicago, Inc permission to charge my Credit Card on File or pull monies directly from my Checking Account Information on File for all outstanding balances due the FTC Pilates Teacher Training Program and all outstanding balances due for Pilate services.

I recognize that I may resign from participating in the FTC Pilates Teacher Training Program for any reason(s) and that I certify that I bound and assume full responsibility for full payment of all monies due From The Center, of Chicago, Inc. for my acceptance but not limited to my involvement in the FTC Pilates Teacher Training Program. I understand that defaulting on any payments may jeopardize my eligibility to continue in the FTC Pilates Teacher Training Program and that I can and may be in collection and if legal action is deemed appropriate action by From The Center, of Chicago, Inc., I understand that I am legally liable for all From The Center, of Chicago, Inc. legal fees.”

“My signature below further signifies and certifies the following:

I understand and agree that I may jeopardize my eligibility to continue in the FTC Pilates Teacher Training Program by not fulfilling the Program terms, structures, modules, requirements of the FTC Pilates Teacher Training Program and that this is the sole right and sole decision of From The Center of Chicago, Inc. This dismissal decision will be an “At Will” termination provided in writing without any or due explanation necessary to me.

I understand that in this event I remain responsible for all outstanding balances due unless special arrangements have been made and provided in writing to me.

I understand and agree that I may be told that I need additional training before any Pilate Course Completion Certificate or Certification is released to me and that I will provide proof of enrollment and course completion to release my Pilates Course Completion Certificate or Certification.”

“My signature below further signifies and certifies the following:

I understand that From The Center is a trademark of From The Center of Chicago, Inc.

I understand and agree that I may be told in writing to sever all ties and cease and desist from associating and using the name(s) From The Center, From the Center of Chicago, Inc and or Patrick F. O’Brien Jr, in any context and in particular with any and all association to my Pilates Teacher Training at any time, now or in the future, for whatever reason deemed reasonable by Patrick F. O’Brien Jr or his Company Representative(s). This decision will be an “At Will” termination in writing without any or due explanation necessary to me.”

“My signature below further signifies and certifies the following:

I have asked for “PAYMENT PLAN OPTIONS” outside of the FTC Pilates Teacher Training Program outlines and that a FTC Company Representative and I have orally and contractually made the below financial arrangements due to my financial limitations. “

PAYMENT PLAN OPTIONS

Total Program Costs: \$

(Program Costs include: Fundamentals Class, 4 Modules, Mid-Term Exam, Final Exam, Workbook, 2 Elective Workshops)

(Anatomy Class is only optional with college course transcripts. Group Study Class is optional at \$15 per class payable per class.)

Non-refundable Security Deposit:

Payment Amount: \$

Date Due:

Total Due after Security Deposit:

\$

Fundamentals:

Payment 1 Amount: \$

Due Date:

Module 1 (Beg):

Payment 2 Amount: \$

Due Date:

Module 2 (Beg/Interm):

Payment 3 Amount: \$

Due Date:

Module 3 (Interm):

Payment 4 Amount: \$

Due Date:

Mid-Term Exam:

Payment 5 Amount: \$

Due Date:

Module 4 (Interm/Adv)

Payment 6 Amount: \$

Due Date:

Module 5 (Adv):

Payment 7 Amount: \$

Due Date:

Final Exam:

Payment 8 Amount: \$

Due Date:

Payment Type: *Credit Card* *Check* *Checking Account*

CREDIT CARD ON FILE

Credit Card Type:	Visa	Mastercard
Name as it appears on Credit Card:		
Credit Card Number:	- - -	Expiration Date:
Billing Address:		
Billing Zip Code:		

CHECKING ACCOUNT INFORMATION ON FILE

<i>Submit a Voided Check</i>	
Bank Name:	
Checking Account #:	Routing #
Name as it appears on Checking Account:	
Address Associated w/ Checking Account:	
Address:	
City, State, Zip Code:	
Social Security #:	
Drivers License #	State Issued:
Birth Date:	

Listed in these documents are essential requirements of and maintaining acceptance in the FTC Pilates Teacher Training Program at From The Center of Chicago, Inc. Any violation is terms for dismissal without notice. In signing these documents, all parties agree to uphold and contribute to these standards.”

Students Printed Name

Company Representative Printed Name

Students Signature

Company Representative Signature

Date

Date

Witness' Printed Name

Witness' Signature

Date