



THERAPEUTIC
TRAINING CENTER, INC.

Craniosacral Program Application Form

Name					
Address					
City		St		Zip	
Phone					
Email					
Birth Date					

Which CS program are you interested in? Please circle.	Start Date?
Core Series	
Certification Program	

List the date of the Craniosacral Introductory Workshop you	
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If you plan on attending the Certification Program, please indicate which Electives you plan to take.	
Elective	
Elective	
Elective	
Elective	

What name do you wish to appear on your Core Series/Certification Program Certificate?

List any state or national professional organizations you currently belong to.			
Name		Exp Date	
Name		Exp Date	
Name		Exp Date	
Name		Exp Date	

List the date (month/year), state and profession you were first licensed in.

Name: _____

Please answer the following on a separate sheet of paper if you need more space. Be specific and detailed.

Why do you wish to learn craniosacral with Lauren Christman, hosted by the Therapeutic Training Center?
Discuss your purpose for enrolling in our program and what you hope to gain from it.

This program requires a substantial commitment (classes, practice hours, study time, etc.). Are there any challenges (time, financial, family, work schedule, transportation, etc) that may affect your ability to meet these requirements?

What is your current occupation and/or practice specialty: Please give a general account of your work history, particularly related to manual or movement bodywork. Include your average number of clients per week for the past year and years in practice.

With regard to giving/receiving craniosacral therapy, do you have any physical, cognitive or emotional challenges or needs that require consideration inside or outside class? (e.g., injuries, stamina, trauma history, learning disabilities, etc.)

What is your academic and licensing background: List degrees or certifications earned, name of school and date of graduation. Include both academic and professional education.

Name _____

Please check ☒ the box by the payment plan of interest.

Core Series Payment Plans - Base Tuition is \$3,210

Option 1 4-Payment Plan *

☐

Initial Deposit:*	\$ 270.00	Due: deposit due upon registration; \$100 non-refundable
Core I Class	\$ 865.00	Due: on or before Nov 5, 2025
Core II Class	\$ 865.00	Due: on or before Feb 4, 2026
Core III Class	\$ 865.00	Due: on or before May 13, 2026
Core IV Class	\$ 325.00	Due: on or before Aug 12, 2026
Total Tuition	\$3,210.00	

Option 2 Upfront Payment *

☐

Initial Deposit:*	\$ 270.00	Due: deposit due upon registration; \$100 non-refundable
Tuition Balance	\$2,940.00	Due: on or before Nov 5, 2025
Total Tuition	\$3,210.00	

Option 3 Monthly Payment Plan *

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Initial Deposit:*	\$ 270.00	Due: deposit due upon registration; \$100 non-refundable
Nov 5, 2025	\$ 640.00	
Dec 8, 2025	\$ 305.00	
Jan 6, 2026	\$ 305.00	
Feb 4, 2026	\$ 305.00	
Mar 7, 2026	\$ 305.00	
Apr 10, 2026	\$ 305.00	
May 13, 2026	\$ 305.00	
Jun 13, 2026	\$ 160.00	
Jul 12, 2026	\$ 155.00	
Aug 12, 2026	\$ 155.00	
Total Tuition	\$3,210.00	

*Sales Tax -- For each payment plan \$27.95 sales tax will be due with the deposit and \$304.29 due with the first payment on November 5, 2025 for a total of \$332.24 in sales tax.

Note: Students who register for the Core Series or Certification within 14 calendar days after the last day of their Craniosacral Introductory class will receive a \$100 discount on their Deposit.

Certification Payment Plans - Base Tuition is \$5,695

Option 1 Flex Payment Plan *

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Initial Deposit:	\$ 350.00	Due: deposit due upon registration; \$100 non-refundable
Core I Class	\$1,005.00	Due: on or before Nov 5, 2025
Core II Class	\$1,005.00	Due: on or before Feb 4, 2026
Core III Class	\$1,005.00	Due: on or before May 13, 2026
Core IV Class	\$ 570.00	Due: on or before Aug 12, 2026
Elective Class 1	\$ 440.00	Due: on/before the first day of class
Elective Class 2	\$ 440.00	Due: on/before the first day of class
Elective Class 3	\$ 440.00	Due: on/before the first day of class
Elective Class 4	\$ 440.00	Due: on/before the first day of class
Total Tuition	\$5,695.00	

Option 2 Upfront Payment *

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Initial Deposit:	\$ 350.00	Due: deposit due upon registration; \$100 non-refundable
Tuition Balance	\$5,345.00	Due: on/before Nov 5, 2025
Total Tuition	\$5,695.00	

Option 3 Monthly Payment Plan * & **

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Initial Deposit:	\$ 350.00	Due: deposit due upon registration; \$100 non-refundable
Nov 5, 2025	\$ 755.00	
Dec 8, 2025	\$ 635.00	
Jan 6, 2026	\$ 635.00	
Feb 4, 2026	\$ 635.00	
Mar 7, 2026	\$ 635.00	
Apr 10, 2026	\$ 635.00	
May 13, 2026	\$ 380.00	
Jun 13, 2026	\$ 345.00	
Jul 12, 2026	\$ 345.00	
Aug 12, 2026	\$ 345.00	
Total Tuition	\$5,695.00	

**This plan is for students who begin their Certification program with the Core Series. If a student would like to take Electives prior to the Core Series a custom monthly payment plan can be created for the student.

*Sales Tax -- For each payment plan \$36.23 sales tax will be due with the deposit and \$ 553.21 is due with the first payment on November 5, 2025 for a total of \$589.44 in sales tax.

Core Series Additional Expenses (est)

Skull (optional)	\$ 350
Table Foam Pad (optional)	\$ 190

Certification Additional Expenses (est)

Textbooks (required)	\$ 100
10 Professional Sessions	\$1,100
Skull (optional)	\$ 350
Table Foam pad (optional)	\$ 170

Initial deposit due with application: Please make checks out to:

Therapeutic Training Center

Please mail the application & any attachments with deposit check to:

*Therapeutic Training Center,
PO Box 66864
Seattle, WA 98166.*

Except for the initial deposit, all other payments may be made by check, credit card or cash.

Attachments to be included with the application:

- Photo or copy of photo -- 4" x 6" or passport size (photo should only include you)
- Copy of your current professional license
- Copy of the face page of your current professional insurance