



## AAMA Private Tutoring Enrollment Form

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**Please fill out Parents' contact information if the student is under 18.**

Parents: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(First and Last) (home) (cell) (work)

\_\_\_\_\_ Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(First and Last) (home) (cell) (work)

(Students/Parents) Billing Address: \_\_\_\_\_

(Students/Parents) E-mail address: \_\_\_\_\_

Allergy or health concerns: \_\_\_\_\_

<b>Emergency Contact</b>
Name: _____
Phone: _____

### Private Tutoring Enrollment Policies

Class Site: \_\_\_\_\_

Programs:  One-on-One Tutoring     One-on-More Tutoring \_\_\_\_\_

- "The Client" noted in the following context refers to the student. If the student is under 18, "The Client" refers to the student 's parents or legal guardians. AAMA noted in the following context refers to All About Mandarin Corp.(DBA: All About Mandarin Academy).
- If the student is under 18, it is essential that The Client arrange for another adult (besides the tutor) to be present in the home or in the tutoring room at all times while the tutor is on the premises. The adult must be at least 21 years-old.
- The Client shall indemnify and hold the company harmless for any resulting test scores that do not satisfy The Client's expectations; i.e., AAMA cannot guarantee any specific level or degree of improvement on test scores by the student, since test scores are directly connected to the amount of study and effort applied and invested by the individual student.
- Tutoring will not commence until payment is received. The Client must have customary homeowners and liability insurance in place to insure against personal injury to all invitees and guests of The Client (including the tutor).
- Smoking and drinking alcoholic beverages are not permitted during tutoring time.
- Any Client wishing or needing to cancel scheduled tutoring, for any reason, must give at least one (1) day advance written notice to AAMA in order to request for a credit or a reschedule of tutoring hours. All liabilities resulted from the untimely notification will be the solely responsibility of The Client. AAMA reserves the right to postpone prepaid hours in the event of extraordinary weather conditions or unexpected illness of the tutor, or other health or safety emergency, in which event the time shall be re-scheduled as soon as possible.
- It is essential and expected that The Client and the tutor always be courteous and respectful toward each other. AAMA reserves the right in its sole discretion to terminate a contract on grounds of disrespectful or offensive conduct by the student or a parent.
- Non-Solicitation: The Client acknowledges and agrees that instructors from AAMA who provide the teaching or tutoring service are a valuable asset to AAMA and are difficult to replace. Accordingly, The Client agrees that, for the term of this Enrollment Contract and for a period of 12 months thereafter, it will not offer any type of hiring to any instructor(s) from AAMA without AAMA's prior written consent. In the event The Client breaches this agreement, The Client shall be liable to pay AAMA any liquidated damages as well as any attorney charge related to the dispute process.
- Photo and Video: I give permission for my /my child's (if student is under 18) photograph to be used by AAMA on its website and for any AAMA-related publicity, including print and broadcast media.



Payment Policies

Payment Methods: We accept checks or money orders made out to "All About Mandarin Academy". There will be a \$25 fee for returned checks or charge back.

Policies: The above policies are subject to changes at any time without prior notice.

Tuition Rate: \$ \_\_\_\_\_ per hour

1. Total Hour(s) Purchased on \_\_\_\_\_ (mm/dd/yy): \_\_\_\_\_ hrs Class Duration: \_\_\_\_\_ Class Time: \_\_\_\_\_

List Purchased Date(s): \_\_\_\_\_

[ ] Full Payment: \$ \_\_\_\_\_ Paid by: [ ] Cash [ ] Check [ ] Credit Card [ ] Monthly Payment: \$ \_\_\_\_\_ Paid by Credit/Debit Card

Credit Card Information: Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Type of Card (please circle one): Visa/Master/Discover/Debit

Expiration Date: \_\_\_\_\_

Security Code (the three digit code on the back of your card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

AAMA Use Only: Invoice#: \_\_\_\_\_ 1st.Payment: \_\_\_\_\_ [Full/Partial] Check/Approve#: \_\_\_\_\_ Set Installment Date: \_\_\_\_\_ #of Installments: \_\_\_\_\_

I, the undersigned agree, and authorize the amount shown above to be charged to my credit card.

Signature of Cardholder: \_\_\_\_\_ Date Signed: \_\_\_\_\_

2. Total Hour(s) Purchased on \_\_\_\_\_ (mm/dd/yy): \_\_\_\_\_ hrs Class Duration: \_\_\_\_\_ Class Time: \_\_\_\_\_

List Purchased Date(s): \_\_\_\_\_

[ ] Full Payment: \$ \_\_\_\_\_ Paid by: [ ] Cash [ ] Check [ ] Credit Card

[ ] Monthly Payment: \$ \_\_\_\_\_ Paid by Credit Card

I, the undersigned agree, and authorize the amount shown above to be charged to my credit card.

Signature of Cardholder: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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INDEMNITY, RELEASE, WAIVER AND AUTHORIZATION FOR EMERGENCY MEDICAL CARE AGREEMENT:

I request that the applicant listed above be permitted to participate in All About Mandarin Academy (All About Mandarin Corp.) program(s). I affirm that the applicant listed above is at program(s) he/she may receive necessary first aid, medical attention by a licensed physician or be admitted to a hospital in case of emergency. I will NOT hold All About Mandarin Corp., its officers, employees/staffs, agents, contractors and volunteers liable for medical aid rendered and will reimburse All About Mandarin Corp. for medical or other expenses incurred in his/her care. I agree to release, indemnify, defend and hold All About Mandarin Corporation, its officers, employees, agents, contractors and volunteers harmless and free from any and all liability resulting directly or indirectly from participation in the(se) program(s), including but not limit to liability for any and all demands, damages, claims, suits, liens and judgments, including costs and attorneys' fees, of whatever nature, for injury or death of any person, damage to property, or interference with the use of property, arising from or in connection with participation in the program(s). I have carefully read this Indemnity, Release, Waiver and Authorization for Emergency Medical Care Agreement and fully understand its contents and understand that it shall be binding upon me, my heirs, successors and assigns. I am aware that this is a full release of liability and sign it of my own free will.

I, the undersigned agree, and understand the policies shown above.

The Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_