



AAMA Chinese (Mandarin) Program Enrollment Form

Student's Name: Gender: Date of Birth:

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

Home Phone: Cell Phone: Work Phone:

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

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

(Students/Parents) Billing Address:

(Students/Parents) E-mail address:

Student Picked Up by:

Allergy or health concerns:

Emergency Contact
Name:
Phone:

Programs

Please refer to the Program List for information about program duration, program time, program location and others.

Weekday Program (please circle: Monday/Tuesday/Wednesday/Thursday/Friday) Saturday Program Sunday Program

Program Name: Program Start Date:

Program Period: Class Time:

Class Site:

Payment Information

Please read the Payment Policies (page 2) carefully before fill out this section.

Tuition Payment (Quarter/Year/ Installments): \$ Paid by: Cash Check Credit/Debit Card\* Money Order

10 Monthly installments: \$ Paid by: Credit Card\* Debit Card

Debit/Credit Card Information:

Card Number: Expiration:

Name on Card:

Type of Card (please circle one): Visa/Master/Discover/Debit

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

Billing Address:

AAMA Use Only:
Invoice#: Total Amount:
Class Period:
Check#: / Approve#:
Installments have been set up:
QB Date:

I, the undersigned agree, understand the Cancellation/Refund policies and authorize the amount shown above to be charged to my credit card

Signature of Cardholder: Date Signed:



### Enrollment Policies

AAMA noted in the following context refers to All About Mandarin Corp. (DBA: All About Mandarin Academy)

**Payments:**

1. \$25 late registration fee will be applied if The Client registers on or after the program start date.
  2. Checks or money orders made out to "All About Mandarin Academy". There will be a \$25 fee for returned checks or charge back.
- Monthly Installment payments are made only by debit/credit card.

**Installments:** If the signing party chooses to pay by 10 monthly installments for full year, the 1<sup>st</sup>. and final installments (registration fee \$25 if applicable) are due when the student enrolls, and subsequent installments charged on the 5<sup>th</sup>. of each month.

**Information Changes:** It's the signing party's responsibility to inform AAMA of changes to address, phone, emergency contact, or credit card.

**Withdrawals/Refund:** If the student withdraws from the program he/she has the option to receive either class credits towards future sessions (excluding any classes already taken at the time of withdrawal), or he/she may obtain a tuition refund for the amount due at registration minus a 20% processing fee and any classes taken. Refund requests must be made in writing. Refunds may take up to 4 weeks. No refunds are given for events that out of our control (flood, fire, electrical outage, etc). AAMA reserves the right to cancel the class due to low enrollment, and paid tuition will be refunded fully if class is canceled. **No credits or refunds will be given for missing the class.**

**Pick-Ups:** *This policy applies to student who is under 18.* Please be on time to pick up the students at the classroom doors. AAMA is not responsible for the students who arrive more than 5 minutes before the scheduled class time or for the students who remain 5 minutes after the scheduled class time. For every minute exceeding the five minutes pick up time limit, AAMA will charge \$1 per minute. AAMA will bill the signing party for the extra minutes counted.

**Health:** The students must be healthy on the day of class and free of fever for 24 hours prior to class.

**Food & Drink:** The students bring healthy snack (if applicable). No food and drink are shared.

**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.

**Non-Solicitation:** The signing party acknowledges and agrees that instructors from AAMA who provides the teaching or tutoring service are a valuable asset to AAMA and are difficult to replace. Accordingly, the signing party 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 signing party breaches this agreement, the signing party shall be liable to pay AAMA any liquidated damages as well as any attorney charge related to the dispute process.

**Referral Discounts:** Referred by \_\_\_\_\_. (The listed referral will receive a \$25 class credit towards to a future session)

**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.

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

Student Signature: \_\_\_\_\_

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

If student is under 18, please provide:

Parent or Guardian Signature: \_\_\_\_\_

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