



AAMA Private Tutoring Enrollment Form

Student's Name: Gender: Date of Birth:

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Home Phone: Cell Phone: Work Phone:

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

Parents: Phone: (home) (cell) (work)

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(Students/Parents) Billing Address:

(Students/Parents) E-mail address:

Allergy or health concerns:

Emergency Contact Name: Phone:

Private Tutoring Program

Class Site:

Programs: One-on-One Tutoring One-on-More Tutoring

Preferred Tutoring Date, Time and Class Duration:

Program Policies

- 1. "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.
2. 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.
3. 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.
4. 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).
5. Smoking and drinking alcoholic beverages are not permitted during tutoring time.
6. Any Client wishing or needing to cancel scheduled tutoring, for any reason, must give at least two (2) days advance written notice to AAMA in order to request for 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.
7. 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.



Payment Policies

Payment Methods: We accept checks or money orders made out to "All About Mandarin Academy". Monthly payment is accepted as well. There will be a \$20 fee for returned checks or charge back.

Cancellation/Refund:

When The Client sign and date this Enrollment Form, The Client is automatically considered that he/she agrees to pay for the total hour(s) purchased as indicated below.

If the student(s) withdraw before the purchased hours are used up within **one** month (including one month) from the registration date, the full amount paid will be refunded without any penalty.

If the student(s) withdraw before the purchased hours are used up after **one** month from registration date, The Client will receive a class credit towards a future session minus any hours used, or The Client may obtain a tuition refund minus a penalty fee of 20% of the total payment due at the time of registration. Refund requests must be made by The Client 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). No credits or refunds will be given for missing the class.

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

Total Hour(s) Purchased: _____ **Tuition Rate:** \$ _____ per hour

Full Payment: \$ _____ *Paid by:* Cash Check Credit Card* Direct Deposit Money Order

Monthly Payment: \$ _____ *Paid by:* Cash Check Credit Card* Direct Deposit Money Order

Credit Card Information:

For Family Re-enrolling Only: Please charge the same card as before.

Card Number: _____

Name on Card: _____

Type of Card (pleas 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: | |
|----------------------------|-------|
| Sep.: | Oct.: |
| Nov.: | Dec.: |
| Jan.: | Feb.: |
| Mar.: | Apr.: |
| May: | Jun.: |
| Jul.: | Aug.: |
| No. of Installments: _____ | |
| Coupon: _____ | |
| Prorate: _____ | |
| Total Paid: _____ | |

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:* _____

Referral Discounts: Referred by _____. If your family is listed as a referral, you will receive a \$50 class credit towards to a future session or camp.

The Client Signature: _____ Date: _____