



AMMA Chinese (Mandarin) Program 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: (home) (cell) (work)

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(Students/Parents) Billing Address:

(Students/Parents) E-mail address:

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

Program Name:

Program Period: Class Time:

Class Site:

Payment Information

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

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

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

*If pay by credit card, full tuition payment plus 5% charge, total of \$ will be charged on the credit card.

* If pay by credit card, monthly tuition payment plus 5% charge, total of \$ will be charged on the credit card.

Credit Card Information:

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

Card Number: Expiration:

Name on Card:

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

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:



Payment Policies

Payments:

- 1. \$25 late registration fee will be applied if register on or after the program start date.
2. We accept Visa, MasterCard & Discover, as well as checks or money orders made out to "All About Mandarin Academy".
3. Installments: If you choose to pay by installments, your total tuition will be broken down into equal monthly payments based on the duration of the program.

Cancellation/Refund:

If the student withdraw from the program, he/she will receive a class credit towards a future session minus any classes taken, or he/she may obtain a tuition refund minus a penalty fee of 20% of the total tuition due at the time of registration and any classes taken.

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

Program Policies

Pick-Ups: This policy applies to student who is under 18. Please be on time to pick up your children at the classroom doors. All About Mandarin Academy (AAMA) is not responsible for Children who arrive more than 5 minutes before the scheduled class time nor for children who remain 5 minutes after the scheduled class time.

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.

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 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.

Student Signature: _____

Date: _____

If student is under 18, please provide:

Parent or Guardian Signature: _____

Date: _____