



2010 AAMA Summer Camp Enrollment Form

Student's Name: Gender: Date of Birth:

Student's Name: Gender: Date of Birth:

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

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

Billing Address:

E-mail address:

Person to whom child is to be released: Phone:

Emergency Contact: Phone:

Allergy or health concerns:

Summer Camp Programs

Please refer to our website/program summary (page 3) for information about the programs.

Program Name:

Camp Site:

Camp Session (s):

To Parents: please prepare healthy, balanced snacks and lunch for your child. Refrigeration or heating of food is not available. AAMA will inform you in advance about any cooking, water playing and field trip activities in the session(s) you've enrolled.

Payment Information

Please read the Program 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: 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:

Tuition Due:

Registration Fee:

Coupon:

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:



Summer Camp Program Policies

Payment & Refunds:

1. We accept Visa, MasterCard & Discover, as well as checks or money orders made out to "All About Mandarin Academy". There will be a \$20 fee for returned checks or charge back.
2. Additional 5% charges will be applied if choose to pay by credit card. (**Register before June 1st, 2010 to save more!**)
3. Please mail the complete form and payment to *All About Mandarin Academy, P.O. Box 723053, San Diego, CA 92172-3053*. You can also drop the payments at our mailbox at San Diego French-American School.
4. NO REFUNDS due to staffing requirements.

Absences & Cancellation:

1. No credits or refunds will be given for missing the class.
2. No refunds are given for events that out of our control (flood, fire, electrical outage, etc).
3. AAMA reserves the right to cancel the class if fewer than 5 students register, and paid tuition will be refunded fully if class is canceled.

Release & Emergency:

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.

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 give permission for my child's photograph to be used by AAMA on its website and for any AAMA-related publicity, including print and broadcast media.

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

Signature: _____

Date: _____