



San Diego Elite Chinese School

All About Mandarin Academy

WWW.AAMAUS.COM

P.O. Box 8458,  
Rancho Santa Fe, CA 92067  
Email: [info@AllAboutMandarin.us](mailto:info@AllAboutMandarin.us)  
Phone: (858) 678-8801



# Mandarin (Chinese) Programs

at Jerabek & Weekend Programs

Brought to you by

## All About Mandarin Academy

- Discover the Fun of Learning Mandarin

Children have the amazing ability to learn a foreign language at a young age, the easier they master the tones and nuances of Mandarin. Elite Chinese School provides academic and activity-based Mandarin classes for children, and first time open public enrollment for weekend programs. Our curriculum enables children to learn Mandarin and Chinese culture in an interactive and engaging setting. They sing Chinese songs to enlarge their vocabulary, play immersion games or make handcrafts to recognize Chinese characters and much more.

[WWW.AAMAUS.COM](http://WWW.AAMAUS.COM)

[WWW.ELITESCHOOLS.COM](http://WWW.ELITESCHOOLS.COM)

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### Weekday Program at Jerabek Campus

**Class Time & Day:** 3:15 – 4:15pm on Mons&Tues from Sept.21<sup>st</sup>, 2015 – June 7th, 2016 (This Mandarin program follows Jerabek school calendar for any instructional or non-instructional day)

**Tuition:**

Students (6 years old or above): \$497 one day ONLY; \$497+\$298 (2<sup>nd</sup> class) for both days

Students (below 6 years old): \$578 for one day ONLY; \$578+\$298 (2<sup>nd</sup> class) for both days



**Special:** If you join our program on both days, you are entitled to **\$8.5/hr discounted rate** for the second class.

**Pick-up&Drop-off:** Parents drop off the child at the assigned classroom. At the end of Chinese class, parents pick up the students at the classroom. Please be on time to pick up your children. All About Mandarin Academy(AAMA) is not responsible for children who arrive more than 5 minutes before the scheduled class start time nor for children who stay 5 minutes after the scheduled class end time. For every minute exceeding the five minutes pickup time limit, AAMA will charge \$1 per minute.

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### Weekend Programs Information

**Weekend Classes:**

- Chula Vista site-Sundays 9-12noon (morning classes); 1:30-4:30pm (afternoon classes)
- La Jolla site-Saturdays 1:30-4:30pm (afternoon classes)

**Welcome to our Open House on 8/23, 9/5&9/6/2015:**

Chula Vista Campus (590 K Street, Chula Vista, CA 91911): 10-12noon Sundays 8/23&9/6/15

La Jolla Campus (6550 Soledad Mountain Rd, La Jolla, CA 92037): 10-12noon Saturday 9/5/2015



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## AAMA Chinese (Mandarin) Program Enrollment Form Jerabek Elementary School 2015-2016

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  New Student  Returning Student

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

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

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

E-mail address: \_\_\_\_\_

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

### Emergency Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Payment Information

**Withdrawals/Refund:** Parents may receive a refund for unused classes until Oct. 5<sup>th</sup> with a request in writing. 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.**

**Installments:** If choose installments payment method, 1<sup>st</sup> installment due when enroll, 2<sup>nd</sup> installment on 11/1/2015, 3<sup>rd</sup> installment on 2/1/2016.

**Full Tuition Payment:** *Paid by:* one check (please make check payable to All About Mandarin Academy)

\$ 578 (ONE day only-- below 6 yrs old)

\$497 (ONE day only-- 6 yrs old or above)

\$ 876 (Both days-- below 6 yrs old)

\$ 795 (Both days -- 6 yrs old or above)

**3 Installments:** *Paid by:* Credit Card

\$ 212 (ONE day only-- below 6 yrs old)

\$ 183 (ONE day only-- 6 yrs old or above)

\$ 321 (Both days-- below 6 yrs old)

\$ 292 (Both days -- 6 yrs old or above)

### Card Credit Card Information

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: \_\_\_\_\_

I, the undersigned agree, understand the Withdrawals/Refund Policies and authorize the amount shown above to be charged to my credit card.

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

### **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.

**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.

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