



Enrollment Form

2021 - 2022

REV: 080521

Enrollment Instructions

1. Fill out and sign the enrollment form.
2. Turn in the form at the Academy, mail it to the address below, or email the scanned copy to: admissions@american-academy.org
3. Wait for registration confirmation email from Admissions Department.
4. Once your enrollment has been processed, your academy director will meet with you to create a strategic education plan for your child.

Select a location:	<input type="checkbox"/> Mission Viejo	<input type="checkbox"/> Newport Mesa
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Student Info

First Name:				Last Name:				M.I.	
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth:		Age:		Grade Level:		
Gmail (for Google Classroom):									
Academic Interests:									
Outside-of-School Interests:									
Religious pref. (If any):									
Address:									

School of Record

Private School Affidavit (PSA) Virtual Charter School Other

School of Record Name:								
Charter School Teacher (If any):	Mr./Ms./Mrs.				Phone Number:			
Email Address:								

Mother's Info (Legal Guardian 1)

First Name:				Last Name:				
Email Address:								
Phone Number (Home):								
Phone Number (Cell):								
Address (If different from above):								

Father's Info (Legal Guardian 2)

First Name				Last Name:				
Email Address:								
Phone Number (Home):								
Phone Number (Cell):								
Address (If different from above):								

Emergency Contact Info (other than parent)

Name:								
Phone Number (Cell):								
Address (Optional):								
Email Address:								
Relationship to Student:								

Where did you hear about American Academy?	<input type="checkbox"/> Facebook <input type="checkbox"/> Google <input type="checkbox"/> Charter School <input type="checkbox"/> Website <input type="checkbox"/> Referred by _____ <input type="checkbox"/> Other _____							
What interested you most about American Academy?								
What other educational options did you consider before enrolling at American Academy?								

Select Program	
Days Enrolling:	<input type="checkbox"/> Monday / Wednesday (Mission Viejo) <input type="checkbox"/> Tuesday / Thursday (Newport Mesa) <input type="checkbox"/> Friday (Either)
Select Program:	<input type="checkbox"/> 2-day In Person <input type="checkbox"/> 2-day Virtual Hybrid <input type="checkbox"/> Friday Only <input type="checkbox"/> 2-day – Returning Students In Person Only <input type="checkbox"/> Free Friday for Enrolled 2-day Students <input type="checkbox"/> Spanish Immersion <input type="checkbox"/> Mandarin Immersion
Extended Day:	<input type="checkbox"/> Kidspot Ext. Day 1:00p to 2:00p <input type="checkbox"/> Kidspot Ext. Day 1:00p to 3:00p <input type="checkbox"/> Bridge/Academy Ext. Day 2:00p to 3:00p

Food Restrictions at the Academy:

My child will not bring any snacks or food to the Academy that contains peanuts or nuts. Initial _____ INITIAL HERE

Consent to Photograph and Video Release:

My signature grants permission to American Academy the right to use and copyright photographs and video footage of my child without restriction for any professional purpose such as, but not limited to, promotion, advertising, marketing and public relations. I hereby release and discharge American Academy and all affiliates from any and all claims and demands arising out of or in connection with the use of the photographic, audio or video recordings, including any and all claims for libel. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

Initial _____ INITIAL HERE

If you would NOT like your child to participate in activities such as these, you must notify the academy, and they will ensure that your child is not photographed for the duration of the program.

Insurance:

American Academy does not carry health or accident insurance on its participants. All expenses incurred in the treatment of illness, injuries, or accidents will be the responsibility of the participant and his/her parents. I have read and accept the above conditions.

Initial _____ INITIAL HERE

No Refunds:

As with other academic institution, American Academy of Strategic Education does not provide any prorated refunds for missed classes. Initial: _____ INITIAL HERE

Financial Responsibility:

Parent agrees to be personally financially responsible for the timely payment of all fees owed for the length of time for which the Student is being registered and enrolled. Parents may pay the total balance due for the year or make partial payments semi-annually or monthly that includes a \$50 per payment fee. If the child is using charter funds to pay fees, the parent assumes all financial responsibility whether or not Student’s charter school ultimately agrees to pay such balance(s). I understand that when I register my child for any classes at American Academy of Strategic Education (Academy) or receive any services from the Academy, I accept full responsibility to pay all fees and other associated costs assessed as a result of my registration and or receipt of services. I further understand and agree that my registration and acceptance of these terms constitutes a promissory note agreement, a financial obligation as defined by the US bankruptcy code in which the Academy is providing educational services, and I promise to pay for all assessed fees and other associated costs by the published or signed due date regardless of charter fund allocation, I commit to pay the full amount of owed, and I authorize American Academy of Strategic Education take necessary measures to discharge all remaining debt. It is understood that any charges or additional charges could require an adjustment to the net amount due. In the event it is deemed necessary to use collection procedures to collect outstanding fees, book charges, and any miscellaneous charges not paid when due, I agree to pay all reasonable collection costs and charges associated with collection. Initial _____ INITIAL HERE

Able to Learn and Study Independently (*applicable for grades 2nd and above):

American Academy’s philosophy of education includes an element of required independent study for students 2nd and above grade addition to our project-based classes. Independent Study allows each child to learn at his own ability level and pace. The parent commits to provide an independent study curriculum that meets their child’s specific learn needs, as well as commits to have the child complete necessary homework on days they are not enrolled at the Academy. Parent states that, to the best of Parent’s knowledge, the Student is able to study independently at the Academy in a quiet environment with minimum supervision and assistance. American Academy staff reserve the right to determine a student’s ability to study independently with minimum supervision and assistance. Initial _____ INITIAL HERE

Continue ➤

Medical History:

Does the student currently have any illnesses?	Yes	No	If yes, please describe _____
Is the student currently taking medications?	Yes	No	If yes, please describe _____
Has the student ever:			
Had a physical handicap?	Yes	No	If yes, please explain _____
Been diagnosed with mental illness?	Yes	No	If yes, please explain _____
Been given an IEP?	Yes	No	If yes, please explain _____
Been given a 504?	Yes	No	If yes, please explain _____
Been discharged or expelled from school	Yes	No	If yes, please explain _____
Had any unusual behavior?	Yes	No	If yes, please explain _____

Consent to Treatment for Emergency Medical and Dental:

As the parent, guardian, or authorized representative, I hereby give consent to American Academy of Strategic Education (hereafter "American Academy") and its employees and volunteers to obtain all emergency medical or dental care as is deemed necessary for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child.
 Initial _____ INITIAL HERE

Acknowledgement of Risk and Release and Waiver of Liability:

As the parent or legal guardian of _____ (Child's name), I acknowledge that there are certain risks inherent in my child's participation in the American Academy. These risks include, but are not limited to, risks associated with travel to, from, and in and around our academy, and my child's participation in supervised and unsupervised activities while at American Academy. I also acknowledge that any questions that my child or I may have about activities related to American Academy can be addressed to representatives of American Academy. I agree that I will inform an appropriate representative of the Academy of any special information regarding the health, or physical or mental condition of my child that may be relevant to my child's participation at the Academy. In consideration for permitting my child to participate at the Academy, I hereby agree:

(a) to release and discharge the Academy from any liability or responsibility for any personal or bodily injury, death, and for any damage to or loss of property, however caused, that my child or I suffer as a result of or in connection with my child's participation at the Academy, including, without being limited to, any injury, loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of members of the faculty, staff, other employees, agents, or servants of the Academy; and Initial _____ INITIAL HERE

(b) not to raise any claim or institute any legal action or proceeding, on my behalf or on behalf of my child, against the Academy for any cause of action that may result from or arise out of or in connection with my child's participation at the Academy, for any personal or bodily injury (including death) to my child, including, without being limited to, injury, loss, or damage that may result from or arise out of or in connection with the negligent acts or omissions of members of the faculty, staff, other employees, agents, or servants of the Academy. Initial _____ INITIAL HERE

(c) acknowledge the risk of communicable diseases and to release and discharge the Academy from any liability or responsibility for any personal or bodily injury, death, and for any damage to or loss of property, however caused, that my child or I suffer as a result of or in connection with my child's participation at the Academy, including, without being limited to, any injury, loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of members of the faculty, staff, other employees, agents, or servants of the Academy. Initial _____ INITIAL HERE

All references to the Academy in this form will include, and all provisions of this form will insure to the benefit of the Academy's officers, employees, agents, servants, and representatives.

This acknowledgment of risk and release and the waiver of liability are governed by and will be construed in accordance with the laws of the State of California without regard to principles of conflicts of law. I agree that I will submit to the exclusive jurisdiction of the federal and state courts located in Orange County, California, for the resolution of all disputes arising hereunder or relating hereto, regardless of the place of execution of this form. Initial _____ INITIAL HERE

Continue ➤

Payment:

Enrollment at American Academy of Strategic Education is a year-long commitment. All programs require a one-year enrollment commitment except for our virtual hybrid program which is one semester.

Enrollment Commitment Fee:

Enrollment commitment fee is required upon submitting this enrollment form. I authorize American Academy to charge my card to pay my child's enrollment commitment fee of \$ _____ upon immediate receipt of this form. If my child is not accepted or enrollment is full, the fee will not be charged. Initial _____ 

Program Fees:

All program fees are required to be paid 30 days prior to the start of the school year. As a courtesy to you, we offer a payment plan. If you choose to participate in our payment plan, all partial payments will include an additional fee of \$50 per payment. Please select which payment option you prefer below.

Payment options:

- One payment to discharge full balance. Payment will be automatically made with card on file on 8/1/21.
- Two payments to automatically discharge partial payment with card on file on 8/1/21 and final balance on 1/1/22.
- Six payments to automatically discharge partial payment with card on file on 8/1/21, 9/1/21, 10/1/21, 11/1/21, 12/1/21 and final balance on 1/1/22.

*Charter fund allocation \$ _____ Charter School Name: _____

*Charter fund allocation: I intend to use charter funds to pay for some or all of my children's fees at American Academy. I plan to allocate \$ _____ to be used toward my child's fees. I will request the charter funds to be paid on a monthly basis. I understand that I am responsible for the remaining balance regardless of charter school's ability to pay.

Authorization:

I have read and understand this document along with the terms outlined in the enrollment form. I authorize American Academy of Strategic Education to charge my credit card account to discharge all remaining debt in accordance with the terms in this form. Initial _____ 

Credit Card Authorization

Account Type: Visa MasterCard AMEX Discover

Cardholder Name: _____

Account Number: _____ Expiration Date: _____

Email: _____ Zip Code: _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature: _____ Date: _____

I HAVE READ AND UNDERSTAND THIS DOCUMENT:

Signature of Parent/Guardian/Representative: _____

Print Name: _____ Date: _____

*Digital signature and form submission are not required. If you are experiencing problems signing and submitting the form digitally, you may also print and fill out the forms and submit them either in person at the Academy, by mail, or by emailing a scanned copy to: admissions@american-academy.org