



Enrollment Form

2022 - 2023

REV: 012722

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: Mission Viejo Newport Mesa

Student Info

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

School of Record

Private School Affidavit (PSA) Virtual Charter School Name: _____ Other

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"/> Free Friday for Enrolled 2-day Students <input type="checkbox"/> 2-day In Person <input type="checkbox"/> 2-day Virtual Hybrid <input type="checkbox"/> Friday Only <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 _____

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 _____

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 _____

No Refunds:

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

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 _____

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 grade and above, in addition to our project-based classes. Independent study allows each child to learn at his own ability level and pace. American Academy offers a paper-based independent study curriculum at no charge. Parents are able to provide an independent study curriculum of their choice or as directed by their child's homeschool charter school. Parents commit to have their child complete necessary independent study 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 _____

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 _____

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 _____

(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 _____

(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 _____

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 _____

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. Initial _____

Enrollment Commitment Fee:

Enrollment commitment fee is non-refundable and required upon submitting this enrollment form.

- \$500 for new students.
- \$500 for returning students however, \$400 will be applied to their child’s initial payment for their program fees, bringing the enrollment commitment fee to \$100 for returning students who have re-enrolled by **March 7, 2022**. (After March 7, 2022, the full amount of \$500 will be charged and \$0 will be applied to program fees.)

Enrollment Commitment Fee is due upon immediate receipt of this enrollment form. If my child is not accepted or enrollment is full, the fee will not be charged. I authorize American Academy to automatically discharge my credit card on file to pay the full balance of my child’s Enrollment Commitment Fee. Initial _____

Program Fees:

All program fees are required to be paid 30 days prior to the start of the school year. Payment(s) will be automatically made with the credit card you have on file. 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.

Initial _____

Payment options:

- One payment** to automatically discharge full balance. 8/1/22.
- Two payments** to automatically discharge partial payment on 8/1/22, and final balance on 1/1/23.
- Six payments** to automatically discharge partial payment on 8/1/22, 9/1/22, 10/1/22, 11/1/22, 12/1/22, and final balance on 1/1/23.

Charter fund allocation:

- I **do not** intend to use charter funds to pay for some, or all, of my children’s program fees at American Academy.
- I **do** intend to use charter funds to pay for some, or all, of my children’s program fees at American Academy. We are, or will, be registered with _____ Virtual Homeschool Charter School. 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 the charter school’s ability to pay. Initial _____

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:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX <input type="checkbox"/> 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