

CAMBRIDGE OFFICE NOTES

Date Received: ____/____/____ Item: _____ Distr: _____

Cambridge Tutoring & Test Prep

"A Tradition of Academic Excellence" • Founded 1992

Phone: (949) 443-2700 ~ (714) 997-5500

Fax (all locations): (949) 443-2500 ~ E-mail: cambridge@e-cambridgetutors.com ~ Web: www.e-cambridgetutors.com

MAIN OFFICE: Broadway Plaza • 303 N. Broadway, Suite 204 • Laguna Beach, California 92651

MAILING ADDRESS: P.O. Box 9545 • Laguna Beach, California 92652

Lisa Muehle, Director (Mathematics, Science, Test Preparation & the Cambridge SAT Colloquium)

Lauren Meggison, MA, MFA, Ph.D., Director (Language Arts, Elementary Education & the Cambridge Lyceum)

CAMBRIDGE LYCEUM FOR ELEMENTARY ENRICHMENT & TEST PREP: **(4TH GRADE STUDENTS)**

Registration Agreement & Enrollment Information for the 2009 - 2010 Academic Year **(CLASSES HELD IN CAMBRIDGE'S LAGUNA BEACH CLASSROOM)**

- Complete and sign this Registration Agreement along with the \$50.00 Registration Deposit (make check payable to: *Cambridge Lyceum*).
- Mail to: CAMBRIDGE TUTORING & TEST PREP, P.O. Box 9545, Laguna Beach, CA 92652

Referred by (if new student): _____

Student's First Name: _____ Last Name: _____

M/F: ____ Grade (2009 - 2010 Academic Year): ____ School: _____

Home Address: _____ City: _____ Zip: _____

Parent(s) First/Last Names with whom Student Resides:
 _____ & _____
 Parent(s) First Name(s) Parent(s) Last Name

Home Phone: (____)____-____ Stud Home Ph: (____)____-____

M Work/Cell: (____)____-____ F Work/Cell: (____)____-____

PLEASE PROVIDE THE E-MAIL ADDRESS TO WHICH WE SHOULD SEND ALL INFORMATION, INCLUDING YOUR STUDENT'S CLASS CONFIRMATION AND SCHEDULE:

E-Mail: _____@_____ Fax: (____)____-____

PLEASE SELECT PAYMENT METHOD:
 _____ I prefer to pay by check. Send Tuition Invoice to:
 Name: _____
 Address: _____ City: _____ Zip: _____

_____ I prefer to pay by credit card. There is no surcharge for paying by credit card. Credit card payments are accepted only for discounted balance-in-full tuition payments (lump sum in August), NOT for the installment payment plan (see next page):

VISA or Mastercard #: _____ Expiration Date: ____/____/____

Name as it appears on VISA card: _____

PROFESSIONAL TEST PREPARATION SERVICES (GROUP): CLIENT AGREEMENT

This Agreement (hereinafter "Agreement"), is entered into by and between Cambridge Academic Services & Consulting, Inc., a California corporation (hereinafter referred to as "WE," "US," "CAMBRIDGE," or "Cambridge"), and _____, (hereinafter referred to as "YOU" or "CLIENT"):

1. **LYCEUM SCHEDULE:**

LYCEUM YEAR I (4TH GRADE):

SCHEDULE	START DATE	MEETING TIME	SNACK PERIOD (CAMBRIDGE PROVIDES SNACKS)
Monday afternoons	September 14, 2009	3:45 - 5:00 p.m.	3:30 - 3:45 p.m.

2. **MEETING DATES:** A calendar of actual meeting dates will be posted on our website in July 2009. Please go to www.e-cambridgetutors.com and click on “Colloquium & Lyceum Class and Saturday Make-Up Schedules.” Sessions are held during the academic year (September - June). Sessions do not take place during Thanksgiving Week, Winter Recess, Mid-Year Recess or Spring Recess (in accordance with the Laguna Beach Unified School District academic year calendar). The undersigned hereby agrees to pick up the above-named student promptly after Lyceum sessions have concluded.
3. **LOCATION:** Lyceum classes are held at Cambridge Tutoring & Test Prep's Laguna Beach classroom (303 N. Broadway, Suite 204, Laguna Beach, California).
4. **LYCEUM INSTRUCTION:** Lyceum instruction is supervised by Cambridge Directors Lisa Muehle and Lauren Meggison, Ph.D. The Directors and/or Cambridge Senior Test Preparation Instructors provide actual course instruction.
5. **SATURDAY MAKE-UP SESSIONS:** For students who miss their regularly scheduled classes, make-up sessions are available on specified Saturdays throughout the school year. An average of two 50-minute Saturday Make-up sessions is scheduled every month (September – June). Dates and times for Saturday Make-up sessions will be posted on our website in July 2009. Please go to www.e-cambridgetutors.com and click on “Colloquium & Lyceum Class and Saturday Make-Up Schedules.” A Cambridge staff tutor oversees Saturday Make-up sessions, providing basic instruction and directions regarding how to complete the missed material. Saturday Make-up sessions may also be attended by students who wish to engage in additional practice (SAT-related exercises per mathematics, critical reading or writing/grammar).
6. **STUDENT CLASSROOM BEHAVIOR:** Students are expected to behave appropriately before, during and after class and whenever they are on the premises of the Cambridge classroom. Disruptive students are dismissed from class. Students who are repeatedly uncooperative and do not adhere to appropriate standards of classroom conduct are removed from class permanently and converted to an independent study program. The undersigned agree(s) to actively support the above-named student's adherence to appropriate standards of classroom behavior.
7. **LYCEUM YEAR I FEE SCHEDULE:**

<i>LYCEUM YEAR I</i>	AMOUNT	Description
Tuition	\$ 825	33 Sessions * \$25
Materials	80	Various Academic Workbooks & Two Lyceum Binders
TOTAL	\$ 905	

Please Check Box for Payment Plan Preferred	<i>LYCEUM YEAR I</i> (4 th Grade)	Billing Code	Regis. Depos Due Now	Billed 8/1/09 Due 8/20/09	Billed 9/1/09 Due 9/20/09	Billed 10/1/09 Due 10/20/09	Billed 11/1/09 Due 11/20/09	Billed 12/1/09 Due 12/20/09	Billed 1/1/10 Due 1/20/10
	Installment Plan	01L-10	\$50	155	140	140	140	140	140
	Total pd. by 8/20 (save \$100)	01L-T0	\$50	755					

8. **INVOICING PROCEDURES (IF INSTALLMENT PAYMENT PLAN IS SELECTED):** Invoices are mailed by the fifth of the month, and payment is due in our office by the 20th of the same month. If the current month's payment is not received by the 20th of the same month, a \$10.00 late fee is automatically billed to your account. If payment is not received until after the last day of the current billing cycle, an additional \$3.00 fee is billed to your account. The undersigned hereby agrees that any accounts more than 10 days past due may be charged to your credit card as kept on file. A 5% surcharge will be added to all delinquent account balances paid via credit card.
9. **TERMINATION:** The undersigned financially responsible party hereby accepts and agrees to the following terms for Lyceum termination:
- A. If termination occurs prior to the commencement of Lyceum sessions, the \$50.00 registration deposit shall be forfeited; no other fees shall be assessed.
 - B. If termination occurs between the first Lyceum session in September and October 20, 2009, fees will be assessed for all materials, and for all scheduled sessions held prior to receipt of written notice of termination. The registration deposit is non-refundable.
 - C. If termination occurs for any reason after October 20, 2009, the financially responsible party hereby agrees to pay the full tuition balance for the academic year as outlined in the Fee Schedule set forth in item #7 above.
10. **NO GUARANTEE:** THE UNDERSIGNED CLIENT UNDERSTANDS AND AGREES THAT CAMBRIDGE DOES NOT AND CANNOT PROVIDE ANY GUARANTEE OF ACADEMIC OR TEST SCORE IMPROVEMENT, AS RESULTS VARY CONSIDERABLY FROM STUDENT TO STUDENT.
11. **RELEASE OF INFORMATION REGARDING LYCEUM STUDENTS:** Lists of all current Lyceum students, their parents, addresses and home telephone numbers will be distributed to Lyceum families. Lists of Lyceum students only (no parent names, addresses or telephone numbers) may be included in future Cambridge promotional materials. All students' practice test scores are strictly confidential; group highs and averages will be announced or published and individual score improvements may be published and/or referred to anonymously. The undersigned hereby agree that any photographs or videotape taken of Lyceum students that include the above-named student may be released to the media for print publication and/or media broadcast.
12. **MEDICAL RELEASE:** The undersigned hereby agree to allow Lisa Muehle, or Lauren Meggison, Ph.D., or any agent or employee of Cambridge Academic Services & Consulting, Inc. to obtain emergency medical treatment for the above-named student as deemed necessary by qualified medical personnel.
13. **INDEMNIFICATION/RELEASE:** CLIENT agrees to indemnify and hold harmless CAMBRIDGE and any and all tutors, employees or agents acting on behalf of CAMBRIDGE from and against any claim, losses, damage or injury arising out of or in connection with performance of instructional services provided under the terms of this Agreement. CAMBRIDGE agrees to indemnify and hold harmless CLIENT from and against any claim, losses, damage or injury arising out of or in connection with performance of instructional services provided under the terms of this Agreement.

I/We hereby agree to the terms of this agreement.

Date: ___/___/___

Signature of Client _____
(Financially Responsible Party/Parent or Guardian of Student)

Please Print Name _____

I hereby agree to conduct myself in a courteous, respectful and non-disruptive manner when on the premises of the Cambridge classroom (before, during and after class).

Date: ___/___/___

Signature of Student _____

Please Print Name _____