

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 SAT COLLOQUIUM: YEAR IV (10TH 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 SAT Colloquium*).
- 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. **COLLOQUIUM SCHEDULE:** Please check the appropriate box indicating the Colloquium class schedule preferred (if extra-curricular activities conflict, it is usually possible for students to switch sections temporarily or permanently):

COLLOQUIUM YEAR IV (10th GRADE):

| Please Check Box for Schedule Preferred | SCHEDULE ALTERNATIVES | START DATE | MEETING TIME | SNACK PERIOD (CAMBRIDGE PROVIDES SNACKS) |
|---|---------------------------------|--------------------|-------------------|--|
| | Alternating Monday evenings | September 14, 2009 | 7:00 - 8:30 p.m. | 6:45 - 7:00 p.m. |
| | Alternating Wednesday evenings | September 16, 2009 | 5:30 - 7:00 p.m. | 5:15 - 5:30 p.m. |
| | Alternating Thursday evenings | September 17, 2009 | 7:30 - 9:00 p.m. | 7:15 - 7:30 p.m. |
| | Alternating Saturday afternoons | September 19, 2009 | 12:00 - 1:30 p.m. | 11:45 a.m. - 12:00 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 Colloquium sessions have concluded.
3. **LOCATION:** Colloquium classes are held at Cambridge Tutoring & Test Prep's Laguna Beach classroom (303 N. Broadway, Suite 204, Laguna Beach, California).
4. **COLLOQUIUM INSTRUCTION:** Colloquium 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. **COLLOQUIUM YEAR IV FEE SCHEDULE:**

| COLLOQUIUM YEAR IV | AMOUNT | Description |
|---|---------------|--|
| CONTINUING STUDENTS (ATTENDED THE COLLOQUIUM LAST YEAR) | | |
| Tuition | 567 | 18 Sessions * \$31.50 |
| Materials | 123 | Course books, materials & practice SAT tests |
| Total for Continuing Students | \$ 690 | |
| NEW STUDENTS | | |
| Tuition | 567 | 18 Sessions * \$31.50 |
| Materials | 172 | Course books, materials & practice SAT tests |
| Total for New Students | \$ 739 | |

| Please Check Box for Payment Plan Preferred | COLLOQUIUM YEAR IV (10th Grade) Continuing Students (attended the Colloquium last year) | Billing Code | Regis. Deposit 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 |
|--|--|---------------------|-------------------------------|----------------------------------|----------------------------------|------------------------------------|------------------------------------|
| | Installment Plan | 4C-IC | \$50 | 265 | 125 | 125 | 125 |
| | Total pd. By 8/20 (save \$50) | 4C-TC | \$50 | 590 | | | |
| New Students (did not attend the Colloquium last year): | | | | | | | |
| | Installment Plan | 4C-IN | \$50 | 314 | 125 | 125 | 125 |
| | Total pd. By 8/20 (save \$50) | 4C-TN | \$50 | 639 | | | |

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 Colloquium termination:
- If termination occurs prior to the commencement of Colloquium sessions, the \$50.00 registration deposit shall be forfeited; no other fees shall be assessed.
 - If termination occurs between the first Colloquium 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.
 - 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 COLLOQUIUM STUDENTS:** Lists of all current Colloquium students, their parents, addresses and home telephone numbers will be distributed to Colloquium families. Lists of Colloquium 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 Colloquium 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 _____