

General Registration Form

Student (Under 18)

Name: _____ Family Name: _____
 DOB: _____ Level: _____
 Subject: _____ Subject: _____
 Phone Number: _____ Starting Date: _____
 Address: _____
 Email Address: _____

Medical

Any Allergies or Medical Problems: Yes No

Describe: _____

There are students in with a severe life-threatening food allergy to peanuts and nuts (anaphylaxis). This is a medical condition that causes a severe reaction to specific foods and can result in death within minutes. Although this may or may not affect your child's class directly, please send foods with your child to school that are free from peanuts or nut products.

Class Description

Number of Classes: _____ Duration: _____
 Day (s): _____ Time: _____

Payment

Fee: \$ _____

Paid in full, Based on _____ Sessions Yes No

Describe: _____

Emergency Contact Information

Name: _____ Family Name: _____
 DOB: _____ Relation: _____
 Phone Number: _____
 Address: _____
 Email Address: _____

Academy Explanation

1. I understand that I am receiving the perfect services of this Academy and I believe they do their best.
2. I understand that I am coming to this academy to learn (a) subject(s).
3. I understand that I cannot expect more than anything other than the subject I applied from this Academy.
4. I understand that all teachers in this academy have enough experience to teach different courses.
5. I understand that I have to be evaluated for the ESL classes to be fitted in the right level.
6. I understand that for the assessment test I will be charged **\$30**.
7. I understand that I have to make a copy of materials and use them in the class while I am a student.
8. I understand that during the term, I may have different activities to improve my applied subjects and I am aware of it.
9. I understand that Daryk Academy does not provide me any books or CDs regarding the lessons.
10. I understand that some copies will be given as I may require and will be charged **10** cents per page for it.
11. I understand that Daryk Academy has a safe and healthy area although I have to be responsible for my own health and safety.
12. I understand that I have to be **on time** for any subjects during the term otherwise Daryk Academy is not responsible for the recovery time of that period.
13. I understand that there are no recoveries or make up classes for the missing ones for the group ones.
14. I understand that I can save my missing class if I notice the Academy 3 Hours prior to the actual class. (Private class only)
15. I understand that I have received all information about taken course(s) and I am aware of the teacher, materials and the method of teaching.

Course Cancellation - Removal or Drop Course

1. I understand that this Academy has right to remove me or my family member from the course in case of my unprofessional attitude and behaviour, harassment.
2. I understand and am aware that in case of attitude removal I will not receive any refunds and will have no claims on that.
3. I understand and am aware that the cause of not sitting in the level that I am required and asked to, may remove me from the course after registration without any refunds.
4. I understand that Daryk Academy has the right to remove me or my family member from the course in case of absence repetition **(3 times) without any refunds**.
5. I understand and agree that I have to **call 1 day before** the class in regards of cancellation otherwise Daryk Academy has the right to charge me in full for that class. (Private Class)
6. I understand and agree that for late course dropping, I will be charged 50% of the term for the first and second classes, 75% form the third and fourth and will receive no refunds after the fifth class. (Group courses)
7. I understand that the payment for the selective subject is what I agreed to.

Signature

I, _____, acknowledge that I am registering myself or my family member into this Course and agree to all the terms and condition mentioned above. As I am fully understood and believed the nature of this Academy, will have no claims for any of these terms and conditions later.

Registrant Signature

Principal

Date & Signature

Date & Signature