



"Knowledge is Power!"

Enrollment Form for Children and Teenagers
WE DO NOT SHARE YOUR INFORMATION WITH ANYONE.

Enrollment priority is based on the order in which **Enrollment forms and payments** are received.

A separate form is required for each student.

Student's Full Name _____

Mailing Address _____

Age _____ Gender _____

School _____

Name of Parent(s)/ Guardian(s) _____

Telephone Number (____) _____

Person to contact in case of an **emergency** _____

Telephone **Number** (____) _____

PROGRAM NAME/ TUITION:

_____ Ages _____ to _____ \$ _____

DATE THE PROGRAM STARTS: _____

- One student \$ _____(USD) per student
- Two students from the same family \$ _____(USD) per student
(A total savings of \$ _____ per family)

Please list any foods that your student is allergic to in order for us to accommodate specific needs. (**Only for students in programs with luncheon or dining tutorial**; otherwise, state that an item is not applicable with "N/A".)

PAYMENT METHOD: (Check one)

- Check / Money Order.* Make payable to: **Universal Etiquette**
- Online Credit Card or via PayPal Check Out.* **Payment Instructions:**
Go to www.UniversalEtiquette.com. Click on **Scheduled Programs/ Application Forms** on the left side of the screen. A new page will open. From the **Programs and Seminars** dropdown menu, choose a program. Then enter the student's name in the box, and click on the **Continue** button. If you are paying for two students, enter the second student's name.

You will be directed to the PayPal secure website. In the **Description** box, provide the date of the chosen Etiquette program. Below the box, you will see the name of your chosen program and the student(s) name(s). Please provide the agreed amount in the **Unit Price** box and click on the **Update Totals** button. If you are paying for more than one student, please enter the total amount, skip the quantity, and click on the **Update Total** button.

If you would like to pay with a Credit Card, click on the **Continue** button, which is located on the left side of the webpage above the Credit Card symbols. A new page will open with the usual payment requirements. After finishing this step, click on the **Review Order and Continue** and follow the steps. Please, do not forget to print you receipt.

If you'd like to pay via your PayPal account, log in into your account and follow the steps.

*I understand that the **non-refundable** tuition fee will secure a space in the program. If the participant must **postpone** attendance, the participant may use the non-refundable tuition fee, minus **10%** of the administrative fee at a later date. If the participant must cancel attendance, the refund will be returned via its original form of payment, minus **25%** of the administrative fee. **Postponements/ cancellations must be received in writing 72 hours prior to the day of the program or participant(s) are liable for the entire fee.** If the program is cancelled by Universal Etiquette, a full refund will be returned via its original form of payment. The tuition fee is tax deductible.*

The **deadline** for payments *in full* is **10 days** prior to the day of the seminar.

The filled out **forms and checks/money orders** and may be returned:

By mail: *Universal Etiquette*
 P.O. Box 3023
 Glendale, CA, 91221

The filled out **forms** may be returned:

By e-mail: info@UniversalEtiquette.com
By Fax: 1818-221-0272

Parent / Guardian _____ Date _____

<p>For office use only: Program Enrollment Form and Tuition Received on this date: _____</p> <p>Notes _____</p> <p>_____</p>



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Health and History Form

Required to be filled out with the Enrollment Form for Children and Teenagers
(Confidential)

Name of Student _____
Date of Birth _____ Gender _____
Person to contact _____
Physician's Name _____
Physician's Phone Number _____
Please list any medications your child is now taking and the reason for the medications: _____

Has your child had any of the following? :	Yes	No
1. History of heart problems?	_____	_____
2. High blood pressure?	_____	_____
3. Asthma?	_____	_____
4. Stroke?	_____	_____
5. Surgery within the last six months?	_____	_____
6. A chronic illness?	_____	_____
7. History of lung problems?	_____	_____
8. Diabetes?	_____	_____
9. History of heart problems in immediate family?	_____	_____
10. Allergic to any foods?	_____	_____

(If the answer to any question is "Yes", please provide complete details on the back of this form.)

Please list any foods that your child is allergic to in order for us to accommodate specific needs during our programs.

I hereby certify that the foregoing information is true, correct and complete.

Parent or Guardian's Name (Print) Signature
Date: _____



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FILM AND PHOTOGRAPHY RELEASE FORM

In the event that there is either any print or electronic media coverage during the program my student will be attending, *Universal Etiquette* is hereby granted permission to use any photograph or video of likeness of the student in any manner, without obtaining subsequent permission or consent and without payment of further consideration. I agree to defend, indemnify, and hold *Universal Etiquette* harmless from and against any claim, demand or cause of action that I may make because of use of any such photograph or likeness in any manner.

Student's Name

Date

Parent or Guardian's Name

Signature

Home Address

Telephone Number



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CONSENT TO PUBLISH PHOTOGRAPH ON
Universal Etiquette WEBSITE

STUDENT'S NAME _____

I hereby give my permission to *Universal Etiquette*, to publish a photograph of my son/daughter on its website. I understand that information on the World Wide Web, including photographs, are accessible to persons throughout the world with access to the internet. The photograph published on the web WILL NOT have any person identified by name.

Parent or Guardian's Signature

Date