



kuei luck enrichment center

快樂教育中心

ELA & MATH TEST PREP CRASH COURSE REGISTRATION FORM 2018

ACCT (OFFICE USE) _____

SESSION DATE: FEBRUARY 19, 2018 – FEBRUARY 23, 2018 (MIDWINTER RECESS)

REG. REF (OFFICE USE) _____

MARCH 30, 2018 – APRIL 6, 2018 (SPRING RECESS)

STUDENT BIOGRAPHICAL INFORMATION

DATE: _____

STUDENT ID (PLEASE FILL IF KNOWN, OTHERWISE LEAVE BLANK): _____

FIRST NAME: _____ LAST NAME: _____

AGE: _____ BIRTH DATE (MM/DD/YY): ____/____/____ GENDER (CIRCLE): M F

SCHOOL: _____ GRADE: _____ READING LEVEL: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

TELEPHONE NUMBER: (H) (____) ____-____ (W) (____) ____-____

(C) (____) ____-____

EMAIL ADDRESS: _____

R

PROGRAM

- February Break
- Extended Hour
- Transportation
- April Break
- Extended Hour
- Transportation

EMERGENCY CONTACT:

EMERGENCY CONTACT (FIRST NAME LAST NAME): _____

PHONE NUMBER: (H) (____) ____-____ (W) (____) ____-____

(C) (____) ____-____

MEDICAL INFORMATION:

PLEASE LIST ANY KNOWN ALLERGIES:

AGREEMENT (NON-NEGOTIABLE):

I HEREBY GRANT PERMISSION FOR MY CHILD TO ATTEND KUEI LUCK ENRICHMENT CENTER AND PART TAKE THEIR PROGRAM. I GRANT KUEI LUCK ENRICHMENT CENTER THE RIGHT TO TAKE AND USE PHOTOS AND VIDEOS OF MY CHILD FOR PROMOTIONAL PURPOSES. I, THE PARENT OR GUARDIAN OF THE SAID STUDENT, HEREBY AGREES TO REIMBURSE KUEI LUCK FOR ANY PROPERTY DAMAGE CAUSED BY THE STUDENT. I UNDERSTAND THAT THERE WILL BE NO REFUNDS AFTER THE PROGRAM STARTS OR FOR A STUDENT WHO HAS BEEN EXPELLED DUE TO DISCIPLINARY ACTIONS. THE DIRECTOR RESERVES THE RIGHT TO DISMISS A STUDENT WHO, AFTER CAREFUL CONSIDERATION AND EXAMINATION, IS DEEMED A HAZARD TO THE SAFETY OR RIGHTS OF OTHERS OR WHO APPEARS TO HAVE REJECTED THE REASONABLE EXPECTATIONS OF THE PROGRAM. KUEI LUCK ENRICHMENT PROGRAMS DO NOT GUARANTEE RESULTS ON ANY EXAMS, REPORT CARD GRADES OR ADMISSION TO ANY SCHOOLS.

I AGREE TO PAY A \$25 ADMINISTRATION FEE FOR ALL BOUNCED CHECKS. I UNDERSTAND AND AGREE THAT A LATE FEE OF \$3.00 PER 5 MINUTES WILL BE ASSESSED.

I AUTHORIZE KUEI LUCK ENRICHMENT CENTER AND ALL ITS' STAFF TO ACT ACCORDINGLY TO THEIR BEST JUDGMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION. I HEREBY WAIVE AND RELEASE KUEI LUCK ENRICHMENT CENTER AND/OR ITS DESIGNEES FROM ANY AND ALL LIABILITY AND COSTS ASSOCIATED WITH THE PROGRAM. I FURTHER UNDERSTAND THAT I OR MY MEDICAL INSURANCE CARRIER WILL BE RESPONSIBLE FOR ANY EXPENSES ARISING FROM SAID EMERGENCY OR TREATMENT.

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS ACCURATE AND READ AND ACCEPTED ALL THE ABOVE CONDITIONS.

PARENT / GUARDIAN SIGNATURE

DATE



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ACCOUNTING (FOR OFFICE USE ONLY)

TUITION	(FEB)	\$425.00	+ _____
	(APRIL)	\$500.00	+ _____
EXTENDED SERVICE		\$200/\$100	+ _____
TRANSPORTATION		____ X \$40	+ _____
DISCOUNT	EARLY		- _____
	10% COMBO		- _____
	5% CURRENT W STUDENT		- _____
	OTHERS		- _____
TOTAL			= _____

CHECK CASH

BANK: _____

CHECK NO: _____

RECEIPT NO: _____

REGISTERED BY: _____

ENTERED BY: _____