



# kuei luck enrichment center

## 快樂教育中心

### SUMMER CAMP REGISTRATION FORM 2017

SUMMER SESSION: JULY 5, 2017 – AUGUST 18, 2017

ACCT (OFFICE USE) \_\_\_\_\_

REG. REF (OFFICE USE) \_\_\_\_\_

### 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 ATTENDING IN FALL 2017: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE NUMBER: (H) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(C) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

# S

### EMERGENCY CONTACT INFORMATION (MUST BE A DIFFERENT CONTACT FROM ABOVE)

EMERGENCY CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: (H) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(C) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### PROGRAM

PLEASE CHECK ONE

HALF DAY (9:00AM – 12:00PM) \_\_\_\_\_

FULL DAY (9:00AM – 3:00PM) \_\_\_\_\_

PRESHSAT (additional \$200 supplement)

#### SHIRT SIZE

Please circle your child's shirt size for camp shirt

Kids-XS Kids-S Kids-M Kids-L Kids-XL

Adult-S Adult-M Adult-L

#### PLACEMENT TEST DATE

Please circle the placement test date

5/7(SUN) | 5/14(SUN) | 5/21(SUN) | 5/27 (SAT) | 5/28(SUN)

6/4(SUN)

#### OPTIONAL SERVICES (Additional Fees)

##### TRANSPORTATION:

MORNING PICKUP \_\_\_\_\_

AFTERNOON DROPOFF  Long Island \_\_\_\_\_

##### EXTENDED HOURS:

EARLY (7:30AM - 8:30AM) \_\_\_\_\_

LATE (3:00PM – 6:00PM) \_\_\_\_\_

#### AFTERNOON ACTIVITIES (FOR FULL DAY STUDENTS ONLY)

SEE ATTACHMENT  KINDERGARTEN

#### REFERRAL DISCOUNT LIST (OFFICE USE ONLY)

| NEW STUDENT NAME | STUDENT ID |                          |
|------------------|------------|--------------------------|
| _____            | _____      | <input type="checkbox"/> |
| _____            | _____      | <input type="checkbox"/> |
| _____            | _____      | <input type="checkbox"/> |
| _____            | _____      | <input type="checkbox"/> |
| _____            | _____      | <input type="checkbox"/> |
| _____            | _____      | <input type="checkbox"/> |

#### GROUP DISCOUNT (OFFICE USE ONLY)

GROUP NAME \_\_\_\_\_



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### ACCOUNTING (FOR OFFICE USE ONLY)

|                  |                         |         |
|------------------|-------------------------|---------|
| TUITION          | \$1,200.00/\$1,500.00   | + _____ |
| INSURANCE        | \$50.00                 | + _____ |
| TEXTBOOKS        | \$100.00                | + _____ |
| REGISTRATION FEE | \$20.00                 | + _____ |
| EXTENDED HOURS   | \$210.00(E)/\$455.00(L) | + _____ |
| MATERIALS FEE    | \$50.00                 | + _____ |
| GAME DESIGN      | \$210.00                | + _____ |
| ROBOTICS FEE     | \$125                   | + _____ |
| FENCING          | \$100.00                | + _____ |
| BUS (ONE-WAY)    | \$280 (QN) / \$385 (LI) | + _____ |
| BUS (TWO-WAY)    | \$490                   | + _____ |
| OTHER            |                         | + _____ |
| DISCOUNT         |                         | - _____ |
| TOTAL            |                         | = _____ |

CHECK CASH

BANK: \_\_\_\_\_

CHECK NO: \_\_\_\_\_ CHECK AMT. \_\_\_\_\_

RECEIPT NO: \_\_\_\_\_

REGISTERED BY: \_\_\_\_\_

ENTERED BY: \_\_\_\_\_

REFERENCE NO: \_\_\_\_\_

|    | <u>Week</u> | <u>Not Attending</u>     |
|----|-------------|--------------------------|
| 1. | (7/5-7/7)   | <input type="checkbox"/> |
| 2. | (7/10-7/14) | <input type="checkbox"/> |
| 3. | (7/17-7/21) | <input type="checkbox"/> |
| 4. | (7/24-7/28) | <input type="checkbox"/> |
| 5. | (7/31-8/4)  | <input type="checkbox"/> |
| 6. | (8/7-8/11)  | <input type="checkbox"/> |
| 7. | (8/14-8/18) | <input type="checkbox"/> |

### NON-NEGOTIABLE TERMS AND CONDITIONS OF ENROLLMENT PARENT / GUARDIAN MUST SIGN THE BELOW

I hereby swear that I am the parent or legal guardian of the listed student above, a minor, to participate in Kuei Luck Enrichment Center and all its programs and activities. I grant Kuei Luck Enrichment Center the right to take and use photos and videos of the student listed above for promotional purposes. I hereby agree to reimburse the Kuei Luck Enrichment Center for any property damage caused by the student listed above. I understand that the listed student above will not be allowed to participate in camp and any other sponsored activities unless I provide a medical form completed by a licensed medical professional. I understand that prior to the start of camp, one complimentary activity change will be allowed. All changes thereafter will incur a fee. I also understand that morning class placement is strictly based on placement test scores. No retest or request for specific class placement will be honored. I have read and understood the refund policy that is posted in the Kuei Luck office and on the Kuei Luck website. I understand the camp director reserves the right to dismiss a camper who, after careful consideration and examination, is deemed a hazard to the safety or rights of others persons or who appears to have rejected the reasonable expectations of the camp. I understand that if the student listed above is dismissed from Kuei Luck Enrichment Center that all fees and tuition assessed for camp are non-refundable. I understand and agree to pay a cash payment of the sum total of \$25 for administration fee if any checks written to Kuei Luck Enrichment Center bounces. Your registration is not complete until a \$500 non-refundable payment is paid. In order to receive early bird discount, full payment must be paid prior to the end date of the early bird discount. Referral discount will be credited only when full payment of the new-referred student has been paid. Current student attending other programs are not eligible for 'new-referred student' discount.

In the case of an emergency if any of the listed contacts and emergency contacts cannot be reached, the director or acting person in charge of Kuei Luck Enrichment Center as well as the medical staff at New York Hospital Queens has my permission to make decisions regarding the emergency care or treatment for the student listed above. I hereby waive and release Kuei Luck Enrichment Center, The New York City Department of Education, Public School 173 Queens and/or its designees from any and all liability and costs associated with any accidents and emergency care. I further understand that I or my medical insurance carrier will be responsible for any medical expenses arising from said emergency or treatment. I hereby certify that I have listed all medical conditions and activity limitations accurately and truthfully. I understand that all terms are non-negotiable. By the student listed above participating in any activities or programs sponsored by Kuei Luck Enrichment Center it is an automatically assumed that I agree to the terms and conditions listed above and is considered to be legally binding.

**KUEI LUCK ENRICHMENT CENTER IS LICENSED BY THE NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE AND IS INSPECTED TWICE YEARLY.**

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

\_\_\_\_\_  
PARENT / GUARDIAN NAME

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE