



# kuei luck enrichment center

## 快樂教育中心

### AFTERSCHOOL REGISTRATION FORM 2015 – 2016

DATES: SEPTEMBER 9, 2015 – JUNE 27, 2016

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: \_\_\_\_\_ CLASS: \_\_\_\_\_

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

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

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

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

EMAIL ADDRESS (REQUIRED): \_\_\_\_\_

# A

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

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

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

#### PROGRAM INFORMATION & SCHEDULE (FOR OFFICE USE)

START DATE: \_\_\_\_\_

#### SITE

PS173  KUEI LUCK ( BUS)

#### DAYS (SELECT DAYS ATTENDING)

MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY  EXTENDED DAY

#### BUS SERVICE (ADDITIONAL SERVICE)

BUS DROP-OFF (HOME)

#### DROP-OFF INFORMATION

SAME AS ABOVE  
 DIFFERENT (COMPLETE BELOW)

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

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

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



# kuei luck enrichment center

## 快樂教育中心

### ACCOUNTING (FOR OFFICE USE ONLY)

PAYMENT METHOD:       MONTHLY \_\_\_\_\_       BIYEARLY \_\_\_\_\_       YEARLY \_\_\_\_\_

DATE	PAYMENT TYPE	AMOUNT	RECEIPT NUMBER	BANK	CHECK NO.	REF NO.
	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH					
	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH					
	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH					

### TUITION POLICIES

**Monthly** –The first and last month tuition is due upon registration.

**Biyearly** – Upon registration, the first payment is due. The second payment must be paid before the end of December.

**Yearly** –The complete payment must be made upon registration.

*Failure to remit payment may result in your child not being picked up.*

**Daily Rates:**

Program type	Amount
In-School Afterschool Program (PS173)	\$25
Pick-Up Afterschool Program – Without Pickup (Kuei Luck)	\$25
Pick-Up Afterschool Program – With Pickup (Kuei Luck)	\$30

**Changes to Days/Schedule/Program**

*Any and all changes to your child’s program or schedule including withdrawals will incur a \$20 administrative fee for each occurrence unless otherwise stated. Changes may only be made in advance including adding, removing days or withdrawal, otherwise tuition differences will be calculated using the Daily Rates. Only 2 changes are permitted per school year.*

**Monthly** – New monthly rate will be billed at the beginning of the month. Any increase difference will be billed as well. Any excess deposit will be credited back in the month of May.

**Biyearly** – New tuition will be calculated by subtracting the average of payment of the original amount multiply by the number of used months from the new rate. If there is a credit, it will be forwarded to the latter payment or will be refunded in June.

**Yearly** - New tuition will be calculated by subtracting the average of payment of the original amount multiply by the number of used months from the new rate. If there is a credit, it will be refunded in June.

**Withdrawal**

*Two week notices are required for all withdrawals. Otherwise, two weeks tuition will be deducted. If you wish to skip a month, you will be billed for 25% of the cost of that month. All refunds are subjected to approval and will take 2-4 weeks to process.*

**Monthly** – If using deposit to pay for final month, no administrative fee is collected. Otherwise the deposit paid, less the administrative fee, will be refunded.

**Biyearly** – Used-months tuition using full monthly rate plus administrative fee will be deducted from amount paid.

**Yearly** – Used-months tuition using full monthly rate plus administrative fee will be deducted from amount paid.

### TERMS AND CONDITIONS OF ENROLLMENT

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 and its affiliates 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 the program and any other sponsored activities by Kuei Luck Enrichment Center unless a medical form completed by a licensed medical professional is provided. Kuei Luck Enrichment Center 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 and shall not received a refund.

I understand and agree to pay a cash payment of the sum total of \$25 for administration fee if any check written to Kuei Luck Enrichment Center is returned.

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 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 on my child’s medical form. 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 are considered to be legally binding.

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

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

\_\_\_\_\_  
DATE