



# kuei luck chinese school

## 快樂中文學校

195-05 69th Ave., Fresh Meadows, NY 11365  
tel 718.679.9908 | fax 718.736.8588 | www.kueiluck.com/chinese

### CHINESE SCHOOL REGISTRATION FORM 2017

SESSION DATES: SEPTEMBER 17, 2016 – JUNE 10, 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)

SCHOOL: \_\_\_\_\_ GRADE ATTENDING IN FALL 2016: \_\_\_\_\_

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

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

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

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

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

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

# C

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

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

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

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

### PROGRAM (FOR OFFICE USE ONLY):

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

#### REFERRAL DISCOUNT (OFFICE USE ONLY)

**NEW STUDENT**

REFERRED STUDENT'S NAME      STUDENT ID

SCHOOL: \_\_\_\_\_

\_\_\_\_\_

GRADE/LEVEL: \_\_\_\_\_

\_\_\_\_\_

**OLD STUDENT**

LAST YEAR CLASS/TEACHER: \_\_\_\_\_



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### ACCOUNTING (FOR OFFICE USE ONLY)

#### TUITION INFORMATION

TUITION	_____	\$615
REGISTRATION FEE	_____	\$10
INSURANCE FEE	_____	\$45
DISCOUNT	_____	
OTHERS	_____	
TOTAL	_____	

#### PAYMENT INFORMATION

CHECK	CASH	_____
BANK:		_____
CHECK NO.:		_____
RECEIPT NO.:		_____
REGISTERED BY:		_____
ENTERED BY:		_____
REFERENCE NO:		_____

### **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 Chinese School, herein known as 'Kuei Luck,' its programs and activities. I grant Kuei Luck 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 for any property damage caused by the student listed above. I have read and understood the refund policy that is posted in the Kuei Luck office and on the Kuei Luck website. 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 program 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. I have been fully informed, and am in full agreement with the conditions of enrollment. I understand and agree to pay a cash-payment of the sum total of \$25 for administration fee for any all returned checks.

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 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 Chinese School, Kuei Luck Enrichment Center, The New York City Department of Education, Townsend Harris High School at Queens College, Queens College, The City University of New York, 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 and all 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. If I failed to sign the form below, by the student listed above participating in any activities or programs sponsored by Kuei Luck it is an automatic assumption that I agree to the terms and conditions listed above and is considered to be legally binding.

**PLEASE LIST ANY AND ALL MEDICAL CONDITIONS AND/OR ALLERGIES:**

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**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